Vision 3

GP2GP User Guide

England

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Version History (GP2GP)

Date	Version	Contents	Output
20/12/11	390	Attachment limit removed	
0/01/12	Remove 390	Attachment limit removal now taken out as we have to wait for CfH to implement this on the Spine.	
01/03/2012	400	ESTU 01/03/2012 - references to Multilex and Action groups replaced with Gemscript and Drug Class respectively.	
27/06/2012	410	docx, allergy, degraded tests, results outside reference path units	
4.10.12	430	SCR folder readded and topics rearranged into more obvious order	

21/11/12	430	GP2GP changes: Free Text Notepad Entries are now is displayed in the Consultation category associated with the Read code or Structured Data Area (SDA) that it belongs to. End Dates are now correctly populated in History entries. Export in Chronological Order - GP2GP records are now exported in the same order that they were entered into Vision. Drug Description Length - Previously, if a degraded drug had a long description Vision truncated it in the GP2GP message. From DLM 430, this is no longer the case and you are able to see the full drug name/description. Test Results with no Numeric Value - For test results with no numeric value, the unit of measure box now displays as <none>. Test Result Units - From DLM 430, Vision now recognises non-standard units of measure for GP2GP messages. In addition to this we have also updated our list of standard units of measure to include the new pathology LSR and (pu), pH. Donor Details, Ethnicity and Religion are now included in the GP2GP transfer.	PDF HTML
17/12/12 & 10/01/2013	430	UOM change for 430	
17/01/2013	430	CCG replaces PCT	
04/04/2013	440	Languages, UOM, agency end date	
23/04/2013	440	Agency End Dates added	
9/12/2013	460	DCUT: Updated the Registration topic to include the new warning message about using your Smartcard	
17/01/2014	460	estu - GP2GP MI and compound immunisations	
11/06/2014	470	GP2GP MI and Vision-SystemOne Bug Fix	PDF and HTML

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GP2GP (England)

What's New in GP2GP

DLM 470 (11/06/2014)

- **GP2GP Management Information (MI)** - GP2GP messages can now be monitored more easily by the Health and Social Care Information Centre (HSCIC) using a new GP2GP Management Information process. See GP2GP Management Information.
- **GP2GP Messages to SystemOne -** Vision to SystemOne GP2GP messages are now being sent correctly.

DLM 290

01/03/2012

- A **global priority mapping tool** has been introduced to allow practices to define their priorities, according to a set of data categories (called external priorities), for incoming and outgoing GP2GP Vision messages. See *Priorities* (page 53).
- To accommodate for incoming immunisation data from EMIS practices, **10 immunisations codes** used specifically by EMIS have been added to the Vision Immunisation SDA list. See *Immunisations* (page 59).
- **Transferred repeats** now appear with for inactive repeats and for active transferred repeats in the Repeats list in Consultation Manager. Active repeats are also stored in the "Previously Active Medication imported via GP2GP" problem heading. See *Repeat medication* (page 41).
- Discontinued medication is now added as a medical history with the Read code **8B3R.Drug Therapy Discontinued**. See Discontinued Medication.
- The transferred Read code 137L Current Non-Smoker now automatically selects the **ex-smoker** radio button on the Smoking SDA. See Smoking.
- **DocMan attachments** are now included in GP2GP transfers.
- Data about Palliative Care and Med3 is now included in the GP2GP transfer message.
- There are some **pathology** additions: #677 Other Lab Result Information, #678 Hepatitis B Antibody; and a change to existing entity: #515 Thyroid autoantibodies – now includes numeric value
- **BMI data** transferred with a weight entity within the same consultation and entry date is now combined in the Vision weight entity.

- You are now able to delete erroneous transferred **medication review** data. See Medication Reviews

The wording has changed for GP2GP options in **Mail Manager – Tools – Options** to make them more user friendly. See Setting up to receive GP2GP requests.

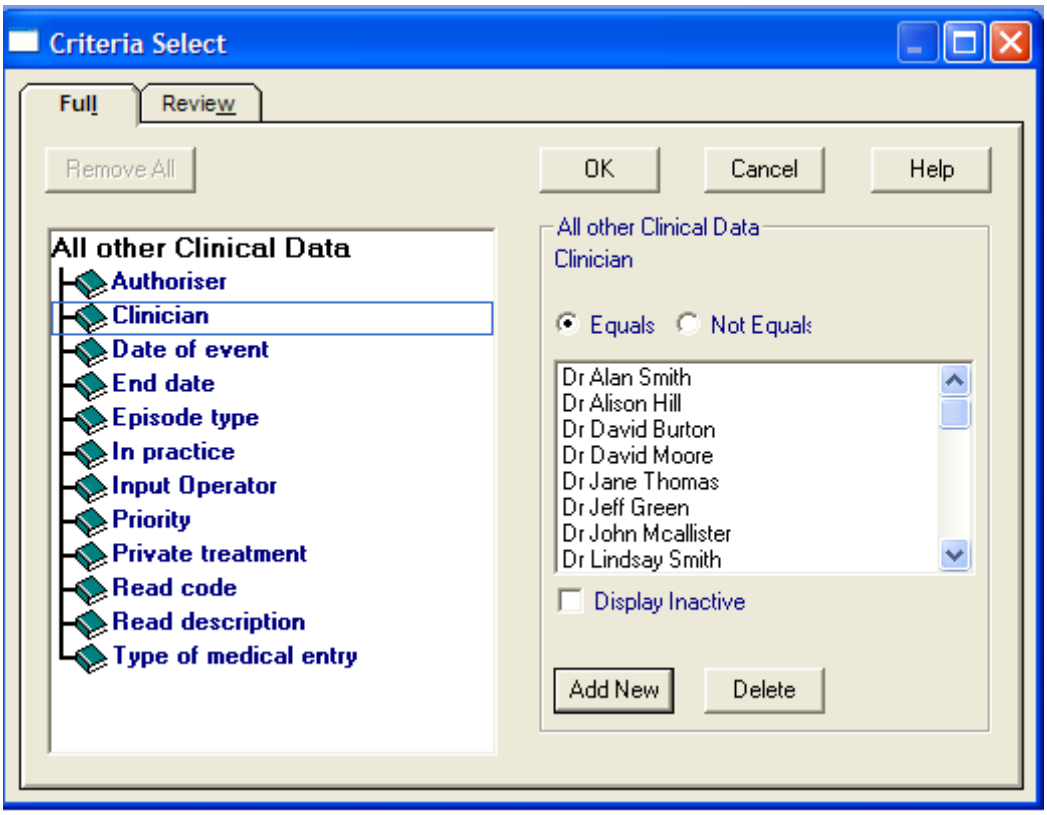
GP2GP Version 1.1

10.06.08

- Screenshots of converted records and those that fail to convert and explanation of match efficiency (see "*Match efficiency* (page 35)").

23.04.08

- When importing GP2GP records, the clinicians at the patient's previous practice will populate the Staff file in Control Panel - File Maintenance. Naturally these clinicians are not active in your practice. If you are doing an ad-hoc search, and using Clinician as one of your selection criteria, you can ignore these inactive clinicians by making sure the box **Display Inactive** is **unticked** in the Criteria Select screen.



Advice

05.02.08

- Docman needs to be installed on the GPC workstation for any Docman attachment to be successfully transferred from the GP2GP extract.

What's New in DLM 235

31.07.07

- When the GP2GP request is received at the "old" practice, and if there is unfiled pathology, the system will try and autofile it (regardless of whether autofiling is switched on in Mail Manager - Tools - Options).
- If the pathology cannot be filed and is less than a year old, the extract will not be sent from the "old" practice and will go into manual mode, ie the Request will be in the Incoming folder stating ""*There are outstanding pathology results that must be filed before the history can be sent*". The "old" practice must try and file the unfiled pathology.
- If the pathology cannot be filed and is greater than a year old, the extract will be sent without the unfiled pathology results item, but will included the filed pathology.
- This means that only filed pathology will be received by the requesting practice.
- There are new filter buttons in Consultation Manager including an Unfiled filter so unfiled pathology can easily be listed.
- When selecting a patient, you can no longer enter an address for an Advanced Trace from the PDS.
- Changes to archiving GP2GP messages - some of which are never archived, and some archived immediately, or after one week, or after 30 days.

What's New in DLM 230

- Archiving messages explained more fully.

Changes from 1.0 to 1.1

- GP2GP 1.1 will progress the project to include Vision to Vision transfers, EMIS to Vision transfers and Vision to EMIS transfers.
- One of the main differences between version 1.0 and version 1.1 is that following a GP2GP request when the patient is registered, many version 1.1 messages are now transmitted automatically from the sending practice without requiring user intervention.
- A request will only be sent from the patient's "new" requesting practice if the PDS Update is successful.
- The requesting practice are told if a request has NOT been sent.
- The system at the "old" practice will try and file unfiled pathology automatically when the GP2GP request is received. If the pathology cannot be filed and is less than a year old, the extract will not be sent and will go into manual mode, ie the GP2GP Request will be in an Incoming folder stating "Unfiled Pathology". If the pathology cannot be filed and is greater than a year old, the extract will be sent without the unfiled pathology results item, but will included the filed pathology. Pathology can be filed from either Mail Manager or Consultation Manager (View Mail).
- Filed pathology sent in the transfer will appear in Archive in Mail Manager. In Consultation Manager it will appear in the Journal or View Mail.
- There are more prompts for "degraded" data in the "new" requesting practice in Consultation Manager. You can double click on the degraded line on the

Alerts pane to bring up a list of degraded records. Degraded data often has no Read code. It is less likely to occur from another Vision practice than from the practice of another supplier. Degraded data uses the Read code hierarchy of 9bJ%. If there is degraded allergy data, then no medication can be added, issued, reauthorised, edited or copied until the allergy record is edited. All repeat medication needs reauthorising before issue.

- Pathology results, which are multi-specimen and appear in the "old" practice as multi-tabs, will appear in the "new" requesting practice as a single tab.

GP2GP in Vision

GP2GP is a project to enable the transfer of the electronic component of a general practice patient health record from the patient's previous practice to a new practice, when a patient registers with a new practice for primary health care.

Currently most of the 9,000 practices in England deal with approximately 500 patient record transfers each year. With the current system, it can take anything between six weeks and three months to receive Lloyd George notes from the previous practice. Once received, it then has to be summarised by re-entering on the new GP clinical system, a very time-consuming task.

GP2GP transfer of records can happen within 24 hours in some instances, which lets the new GP have the benefit of the patient record from the previous practice when the patient consults in the early days.

Lloyd George notes

The transfer of the Medical Record Envelope (MRE) will continue as normal for the following reasons:

- The use in general practice of electronic health records (EHR) for direct patient care is not across 100% of patients
- The majority of patient information from outside practices remains paper-based
- The variable degree to which such external information is incorporated into the electronic health record.

The need for the print out of the patient's EHR to accompany the MRE will continue during the GP2GP project.

Outline of GP2GP in Vision

1. First, use your **Smartcard** to **sign on to Vision** and HSCIC.

   Note You must log on to the spine using your Smartcard to use GP2GP functionality

2. **Register the patient in Registration** - when registering a new patient, first find them from the PDS, either via the NHS No (PDS Query) or doing an Advanced Search using surname, forename, date of birth and gender. MAKE SURE YOU HAVE SELECTED THE CORRECT PATIENT.

   A GP2GP Request message is sent to the previous practice:

   - once the PDS Update is completed,
   - If your practice is GP2GP enabled and the patient's previous practice is GP2GP enabled

   The previous GP's practice send the notes automatically on receiving the GP2GP Request (unless there is unfiled pathology which cannot be autofiled which is less than one year old). When the notes are received in Mail Manager by the "new" (requesting) practice, a message type of **Record Transfer** is shown in Incoming Mail with a status of **Available for filing**.

3. **Right click on messages with Available for filing in Mail Manager and select File All**. Even if automatic filing is switched on, the new practice need to file the message into Consultation Manager by right clicking on it and selecting File All. This files all the message details into the patient's record in Consultation Manager, including any transmitted filed pathology. The Import Summary tab of this message should be viewed to show any areas which have not degraded, such as allergies.

4. **Review the medication records in Consultation Manager**:

   - A clinician should check and add **allergies** in consultation with the patient. You can view these and other parts of the Mail Manager message on the Import Summary tab. No prescribing is allowed until a degraded allergy record is edited in Consultation Manager.

   Note - This process should be carried out by a clinician.

   - **Repeat masters** from the previous practice are placed in a Problem with a header of Active Medication and you can also see them listed under Therapy - Repeats if you click on the inactive filter (icon with red cross). All these have a bow-tie icon (prescribed out of practice) and need to be represcribed to make viable active repeats in the new practice (drag each repeat line on to the top left icon on the floating toolbar - Another). Those without a drug Read code will need their drug name, form and strength entering.

5. *Review the notes in Consultation Manager* (page 33) by double clicking on the Degraded line beneath the Alerts pane, to bring up a list of degraded records in a Filtered tab.

   - Each degraded record will have been given one of the Read codes 9bJ%. Edit each one of these to a correct Read code if a history entry. If an SDA entry (eg, weight, BP, serum cholesterol) re-add a record in the correct SDA (eg, weight, BP, serum cholesterol) and delete the old "degraded" entry.

- Check and if necessary change the allocation of priorities on history entries (the incoming record will follow the pattern adopted by the previous practice which may not be the same as your practice).
- Look in Mail Manager or Consultation Manager - View Mail icon , for any unfiled pathology. File the pathology lines you want (ignoring, for example, blue header lines such as "Blood, Venous" without result values). Filed pathology is shown in the Journal or from View Mail .

Pre-checks before starting GP2GP

Organisations

Before starting GP2GP, check in **Control Panel - File Maintenance** under **Organisations** that you do not have an organisation with the same name as the practice.

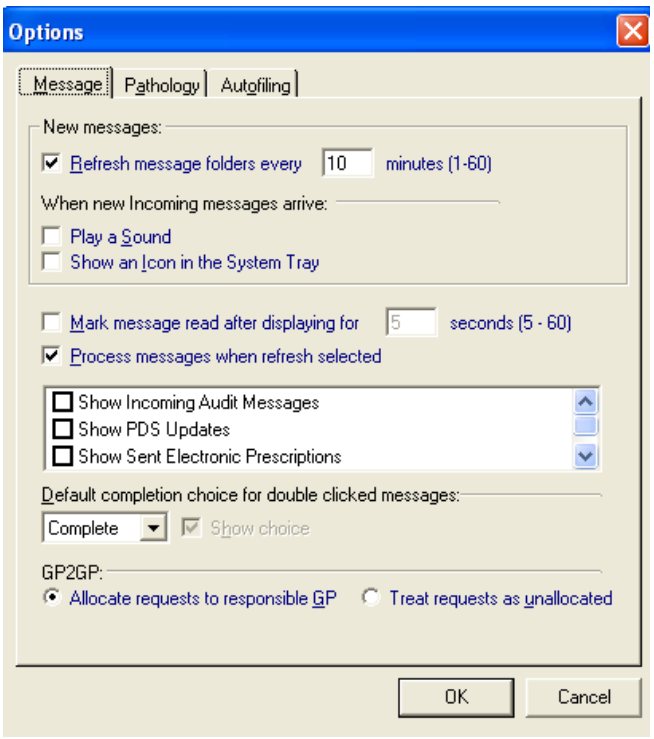
For example, the practice may be called The Medical Centre, but you also have an Organisation under General Practitioner Fundholder called The Medical Centre. In this case, when trying to send a GP2GP extract with a referral in it with the organisation / hospital being the Fundholder, GP2GP cannot distinguish which organisation the department is linked to so the hospital is not sent through and is missing from the referral screen at the receiving practice.

So if there are ANY duplicate names within Organisations, change one of them. In the example above, the General Practitioner Fundholder name could be changed to The Medical Centreold.

Set Options in Mail Manager

Within **Mail Manager**, you can decide in **Tools - Options**, on the **Message** tab, which mailbox the GP2GP messages will go to.

There is a choice that messages go into either the mailbox of the patient's registered GP (**Allocate requests to responsible GP**), or to leave the GP2GP message unallocated (**Treat requests as unallocated**) so they can be dealt with by an admin staff who has rights to see unallocated mail (see "*Add Access Rights to Unallocated mail* (page 72)").



Single Sign On

In order to carry out GP2GP, you must first be signed on to the Spine services using your Smartcard.

The purpose of Single Sign On is to enable the user to gain access to your local clinical system (Vision) and any of the national applications (such as GP2GP, Choose and Book, EPS, NHSCRS) by logging on only once.

Single Sign On access is by Smartcard. Cards are issued by a Registration Authority, normally the CCG. There is a 12 to 14 Digit Unique Identifier (UID) associated with each card which must be recorded in Vision before the card can be used. Registered users choose or are given a pass code or PIN to use with the card.

Working Online

1. Insert the Smartcard into the reader attached to the workstation (this may be built in to the keyboard or it may be a USB plug in device).
2. Enter the pass code or PIN into the box provided (screens may differ). Click OK (or 'Yes I agree').
3. Double click on the Vision icon to be presented with a Vision role select screen.
4. Select the appropriate role from the drop down list on the Select Role screen and click OK.
5. You will then be presented with the Vision front screen (when working online through SSO, the Vision user name and password are not used).

Register a patient and request notes using GP2GP

This section covers what happens when a practice registers a new patient, generates a request for the records from the old practice and receives and files the records into Consultation Manager.

Summary of actions for a new patient

These are the stages in the GP2GP process which require your action when you are registering a new patient:

1. Use your Smartcard to log into Vision.

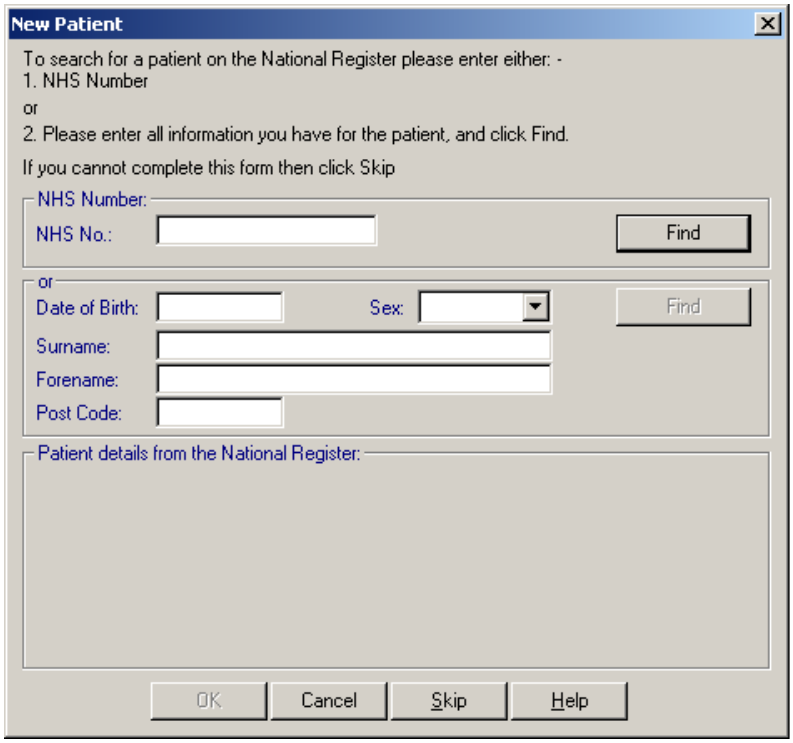
   Note - The following warning message will appear if you access the Registration module without using your Smartcard: "*A smart card has not been detected. Do you wish to continue with Registration? If you want to use your smart card for a GP2GP transfer, you will need to log out of Vision and log in again with your smart card.*"

2. Register the new patient in Vision - Registration by clicking on then selecting them from the PDS. The GP2GP request message is triggered following a successful PDS update and if the patient is not a flagged patient (stop noted) or a sensitive patient. The GP2GP request is made to the patient's previous practice for the notes to be sent (as long as the practice is GP2GP enabled). The previous practice send the notes automatically as an XML message into Mail Manager. Messages show the progress of the request.
3. You right click on the Record Transfer message which shows **Available for Filing**, and select **File All**. This files the records into Consultation Manager.
4. You then review the records in Consultation Manager, re-entering allergies, re-authorising repeat medication and dealing with any degraded records, eg recalls, records without Read codes etc - see "*Review the notes in Consultation Manager* (page 33)".

Register the new patient in Registration

1. Make sure you first have **Vision - Mail Manager** open when registering patients in Vision. Click on Messaging then Mail Manager from the Vision front menu. Then click on the Minimise icon so it runs in the background.
2. Select **Registration** from the Vision front menu (under **Home**).
3. In **Registration**, in order to register a new patient, first check the patient is not already on your system. Click on and on the **Select Patient** screen, remove any tick from **Active Patients only**. Search for the patient by date of birth - enter the date of birth in the **Search Details** prompt, eg 15/02/1980 and in the **Search Attribute**, select **Date of Birth**. Click on **Find**.
4. If the patient was once a patient and already on the system, it will warn you. Press to continue then re-register the patient from the **Action** menu. No GP2GP Transfer will take place.

5. Once you have established the patient is not already on your system, you can add them. Click on **Add Patient**
6. Then on the **New Patient** screen, find the patient from PDS. Enter:
   - either the NHS number if you have it to hand (PDS Query) and click on **Find**;
   - or other patient details such as date of birth, or with a minimum of surname, forename, sex, and click on **Find**. This may find a multiple list, or too many to list if more than 50 ("*More than one patient has been found with the criteria entered, please refine your search*"). No GP2GP Request can be made here until an NHS Number is found. In this case, enter the date of birth or their old postcode. When entering a surname or forename, you can use a "wildcard" search by entering two or more letters followed by an *, eg sm*



Warning – You must thoroughly check that the patient's details you are accepting are correct. A request cannot be cancelled once it has been sent. Therefore, do not click OK until you are confident that the patient details being returned are for the correct patient.

Note that :

- You are no longer able to use addresses in an Advance Trace
- All the fields need to match if a patient is to be found
- When doing a PDS query, if you have no match and a NHS Number cannot be found and not synchronised with the spine, then a GP2GP Request will not be sent.
- You could remove the old postcode field as the patient has now moved to a new postcode
- GP2GP requests can only be made for patients who have applied or permanent registration status

- Flagged (Stop noted) and Sensitive patients' records are not transferred
- Patients with a temporary NHS number will be transferred if they are matched on PDS and found at the old practice

Clicking on **Find** searches both the spine (PDS) and Vision databases. Possible results of these searches are as follows:

Patient Found ?		**Response**	**Action**
On Vision	**On PDS**		
Yes	Yes	Dialog box notifies patient found and offers chance to edit	Accept **Edit** option. Patient details are opened in Registration Details. From the **Action** Menu select **Re-registration** and continue normal Vision process
Yes	No	Message notifies patient not found on PDS	Click on **Skip** button. New or Existing Family dialog appears. Continue Re-registration as for normal Vision process.
No	Yes	Message gives patient spine demographics	Click on **OK**. New or Existing Family dialog appears. Select as appropriate. First Registration screen appears with details from spine filled in. Select Registered GP and edit main address. Continue as for normal Vision process.
No	No	Message notifies patient not found on PDS	Click on **Skip** button. New or Existing Family dialog appears. Continue as for normal Vision process.

7. Once the correct patient details are returned from the PDS query, click OK.
8. You can make the usual choice of Existing, Selected or New patient:
    - select **Existing** if the new patient is to join a household (ie the address) of an existing patient already on your register. Select the existing patient. Note that because you are working on-line, the patient details will NOT be overwritten with the existing family details, to avoid the PDS details inadvertently being changed.
    - select **Selected** if the patient currently selected in Registration prior to your pressing Add is of the same address and family as your new patient
    - select **New** if the new patient has no connection to any existing patient on your practice list.

9. Complete the **Registration - Personal Details** as usual, entering the **Registered GP** who the patient is registering with in your practice. Remember to check the patient's **surname** is entered correctly.

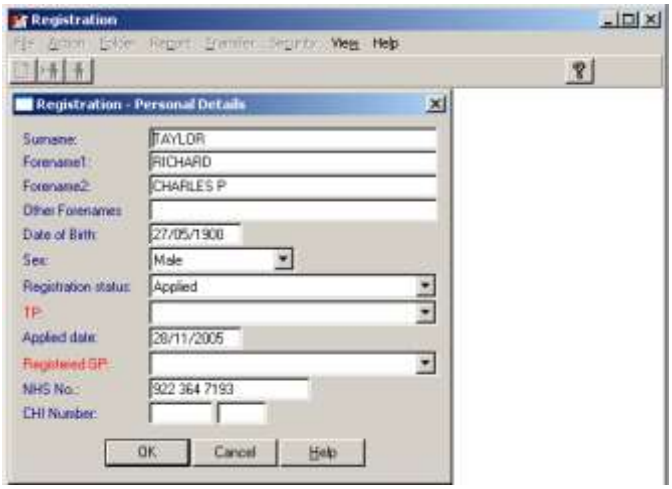


Figure 1: Enter the Registered GP

10. Then complete the usual Medical Card screens (Transfer In etc).
11. Edit the old **Main Address Details** to the new address where the patient is now living, if necessary (the old address will be kept on the audit trail).

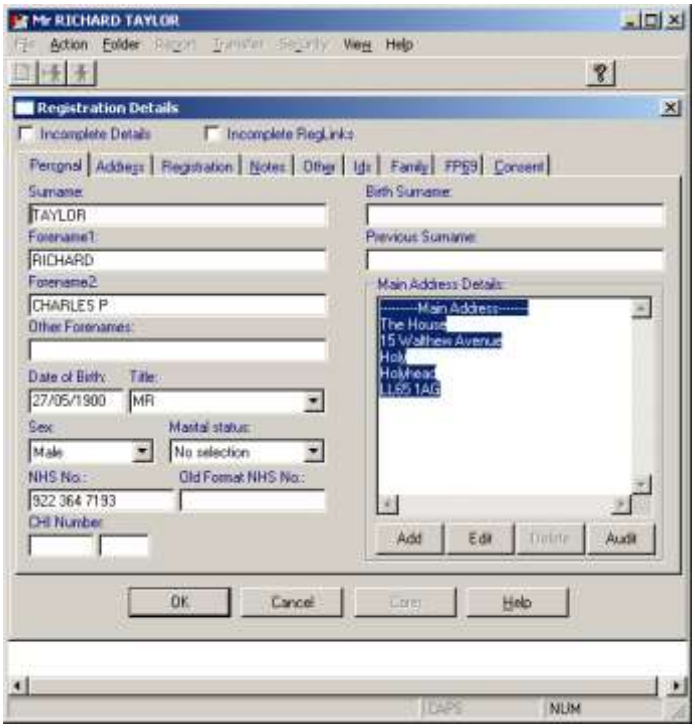


Figure 2: Edit the patient's address if they have moved

Note - You must NOT have a tick in the **Incomplete RegLinks** box before clicking OK so check you have all the details.

12. Click on OK.
13. The process checks to see if the previous practice is GP2GP enabled. If not, or if the spine is down, there is no further message. It will also not proceed if there is no record of the patient's previous GP, the patient's previous practice

cannot be located, or the patient's previous practice cannot transmit notes electronically.

You will see a message if there is some reason why the notes cannot be requested, for example: *The patient's notes will not be requested electronically. Error: The previous practice is not NCRS compliant.*

> **Note -** GP2GP requests can only be made for patients who have applied or permanent registration status. Temporary patients are not transferred

14. That completes the registration process. Now you need to "*View the messages in Mail Manager* (page 21)".

View the messages in Mail Manager

Track the GP2GP Request in Mail Manager

You can track the progress of the GP2GP Request and Record Transfer in Mail Manager.

You may not see all the messages listed below as some pass by quickly, and unless you have the **Mail Manager - Tools - Options - Messag**e tab ticked for **Show Incoming Audit Messages** and **Show PDS Updates** (we recommend in fact that you leave **Show PDS Updates** unticked in order to make the screen less cluttered).

Once a new patient has been registered and the GP2GP process started, there will be two messages in Outgoing Mail in Mail Manager:

- **PDS General Update** message in **Outgoing** Mail, with initially and briefly a status of **Sent Awaiting Acknowledgement,** and once the PDS Success message has been received, a status of **Complete** (this shows the change of address and registered GP) - see Message tab. Note that even if the subsequent GP2GP transfer fails, the PDS Update is still sent to the spine to update the registered GP (NB : only for permanent and applied patients).

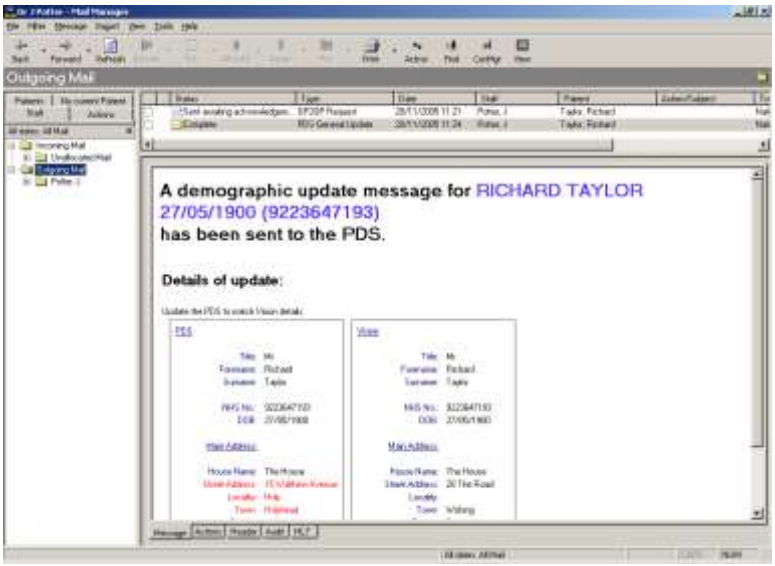


Figure 3: In Outgoing Mail, there will be two messages - the PDS General Update message is complete, showing change of address and registered GP

Note - The GP2GP Request message is only sent if the PDS Update is successful. If this is not successful, then no request is sent. However, if the PDS Update went into Transmission Error, you could try reprocessing it (right click, Reprocess) and if successful, the Request will be sent on receipt of the successful response.

- **GP2GP Request** message in **Outgoing** Mail, with status of **Sent awaiting acknowledgement** (ie the request for the notes has been sent, and the practice are now awaiting acknowledgement of this request). After that, there is a sequence of messages which track the outgoing GP2GP Request. In some cases, these happen so quickly you may miss some stages. A summary of messages is given in "*Summary of Mail Manager Messages - New patient registering* (page 31)".
- **GP2GP Request** message in Outgoing Mail then has a status of **Complete**. On the Summary tab it shows the previous practice details. No action is needed. (though if necessary, you can chase things up with the PCT).

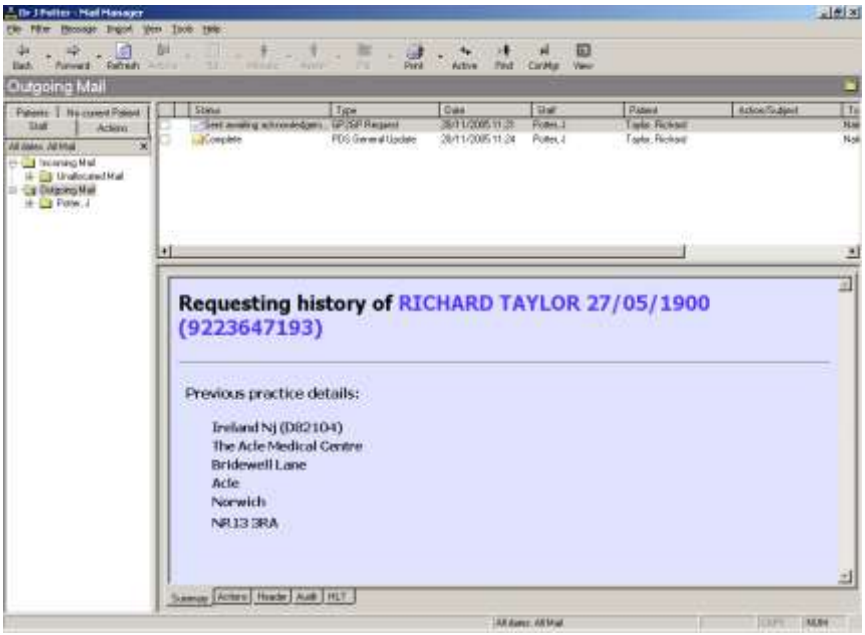
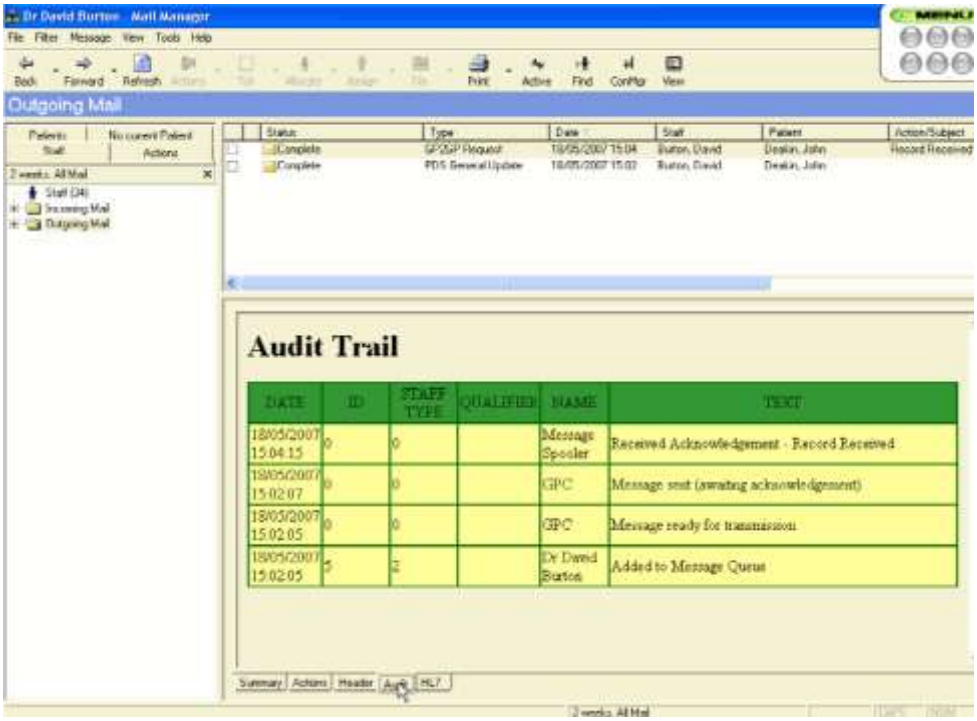


Figure 4: The GP2GP Request message now has a status of Sent awaiting acknowledgement

If you look on the *Audit tab* (page 28), you can see the succession of messages.



The previous practice now reply to the request and send the notes automatically

There is no action for you to take until you receive the GP2GP Record Transfer message saying **Available for Filing** when you file the records.

- Incoming **Record Transfer - Available for Filing.** The Summary tab shows "GP2GP Record Transfer received for [patient name][date of birth][NHS No].

Figure 5: Incoming Record Transfer - Available for Filing

- Click on the **Message** tab of an Available for Filing message to view the record. Note the various tabs similar to Consultation Manager: Journal Therapy, Repeats, General History, Tests, Allergy, Problems and Filtered. The Journal displays the Read coded entry that will be present in the Patient Record once it has been filed.

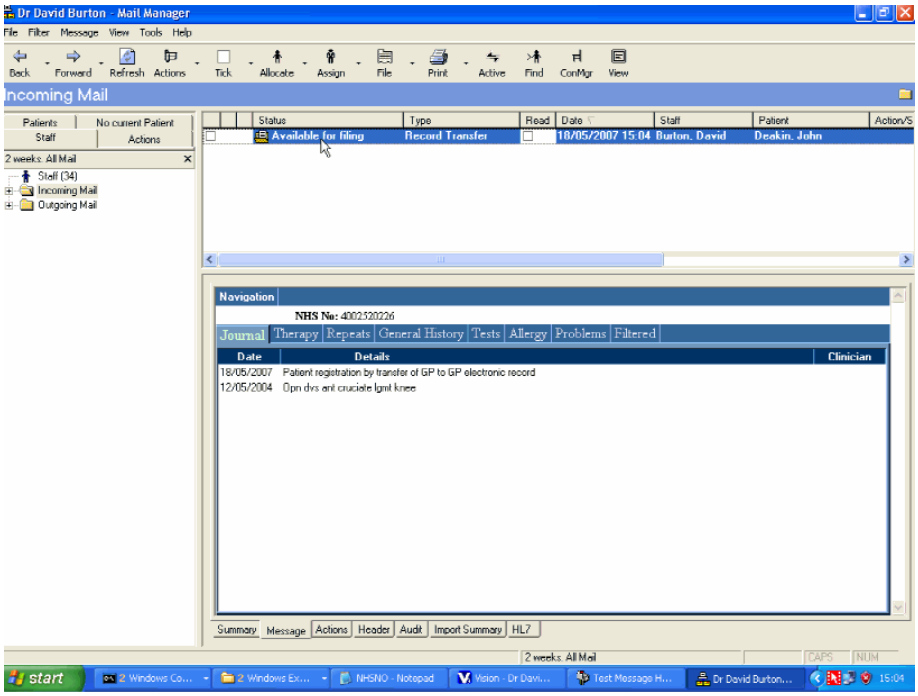
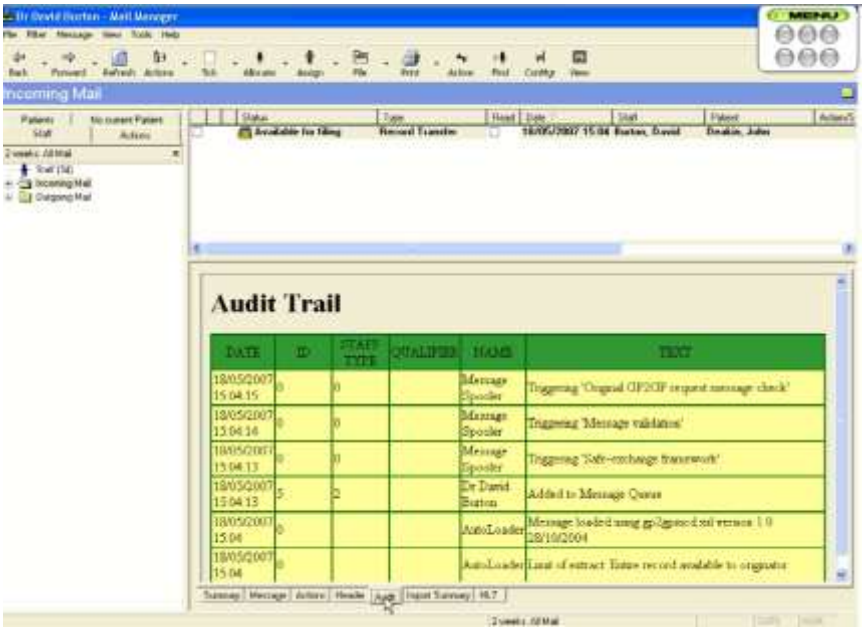


Figure 6: Message tab of Available for Filing message shows the record

- The **Audit** tab shows the message status in more detail.



See also: *Import summary tab* (page 25), *File the Record* (page 27), *Audit tab* (page 28), *Next step - review the record* (page 30)

Import summary tab

For each message, you can look on the **Import Summary** tab in Mail Manager to see if there are any problems that were encountered with the Incoming Record.

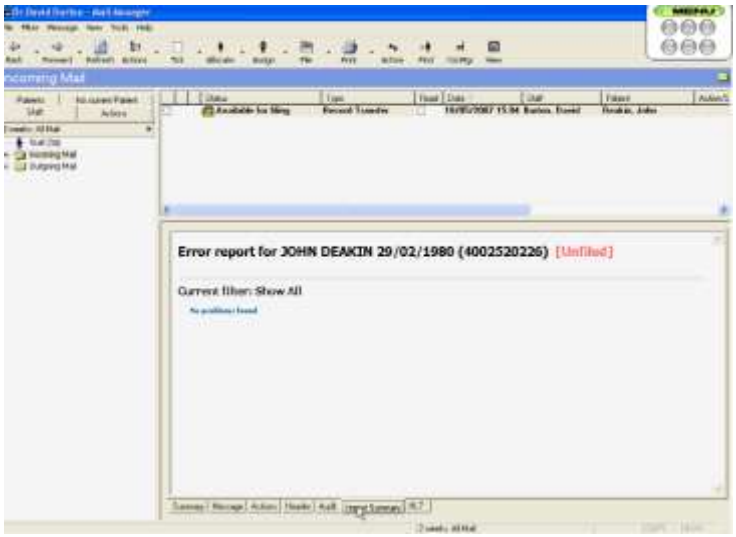


Figure 7: A record imported with no problems

If there are any errors or degraded records, these are shown in red. These will need to be dealt with shortly (for more detail, see "*Degraded Records* (page 33)"). They might include unfiled pathology, un Read-coded medication, etc. Often allergies are a source of error as these do not file and will need to be added later in Consultation Manager by a clinician.

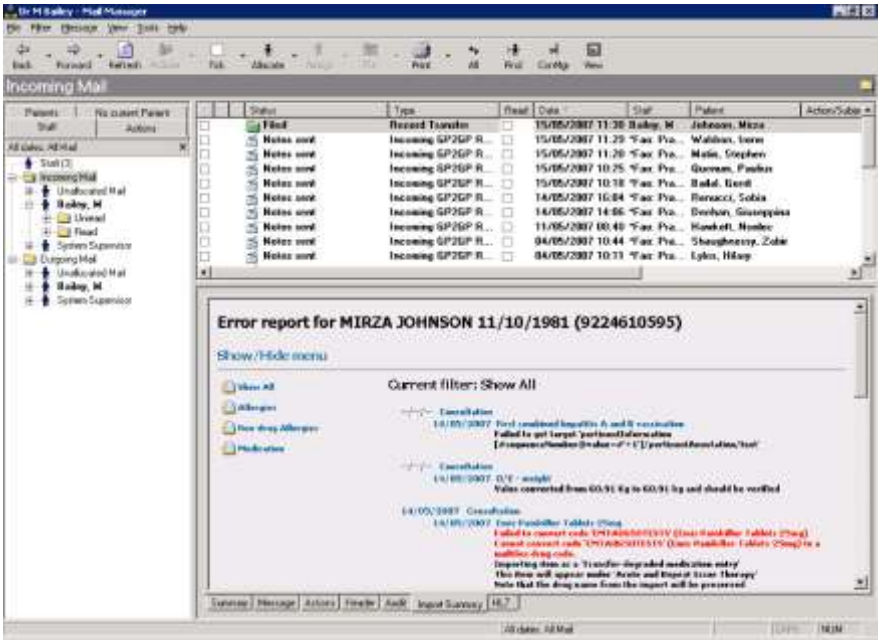


Figure 8: Incoming Record Transfer - Filed - the Import Summary tab, showing a degraded record of painkiller medication

Degraded records appear in Consultation Manager as a "**Degraded GP2GP Records**" line on the Alerts section under the navigation pane - click on this line to list the degraded records on a Filtered tab. You can then edit them.

Degraded Records are unlikely to occur for Vision to Vision transfers, but more likely with other suppliers to Vision transfers. The data is not lost but "degraded" to a state where it is not correctly Read coded, but can still be read.

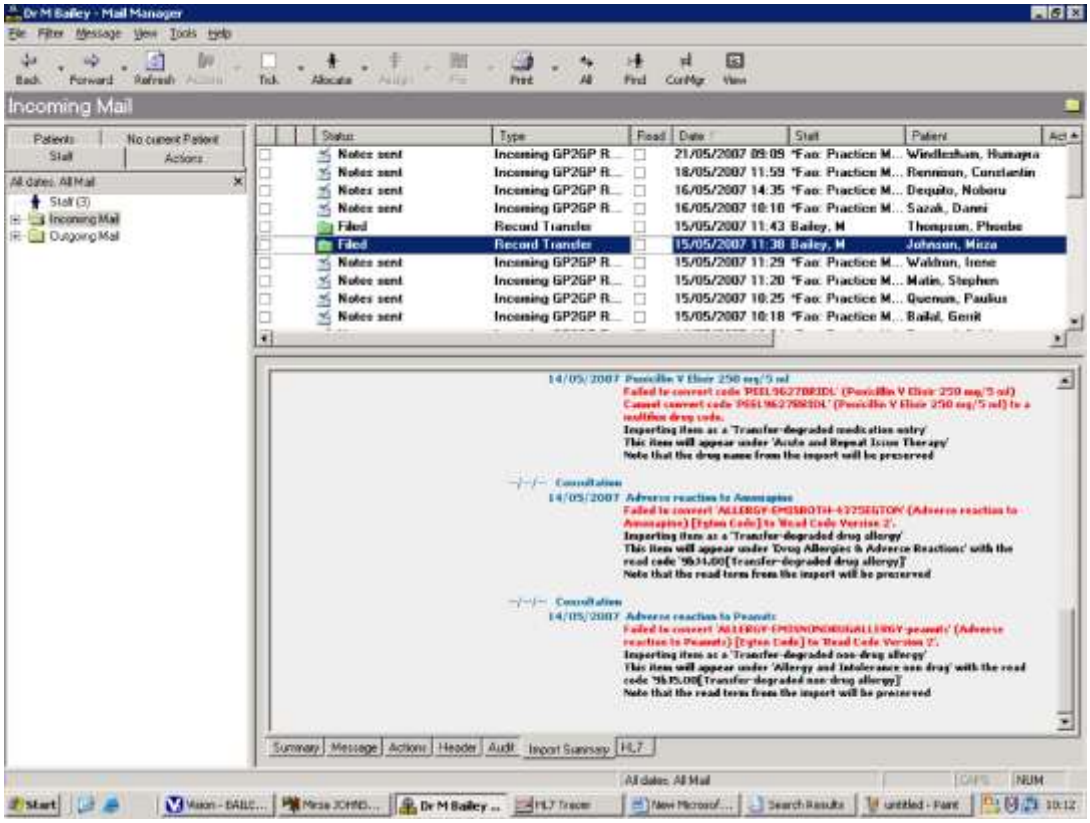


Figure 9: This shows degraded records for penicillin medication, a drug allergy and a peanut allergy

See also: *File the Record* (page 27), *Audit tab* (page 28), *Next step - review the record* (page 30).

File the Record

Even if you have automatic filing switched on, you will still need to file GP2GP Record Transfers manually. Right click on this Incoming message with the icon , and select **File All**.

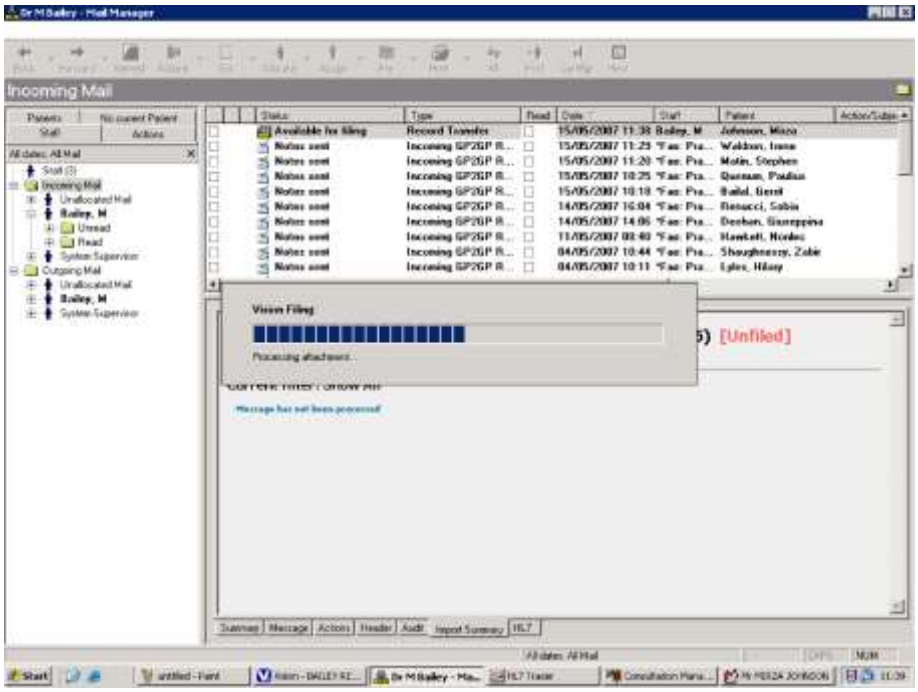
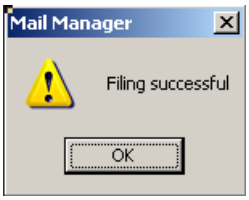


Figure 10: Incoming Record Transfer - being filed

This may take a while but eventually you should see a message box *Filing successful.* Click on OK.



The Status changes to **Filed** if successful with a green "filed" icon for the Incoming **Record Transfer.** The record can now be viewed in Consultation Manager.

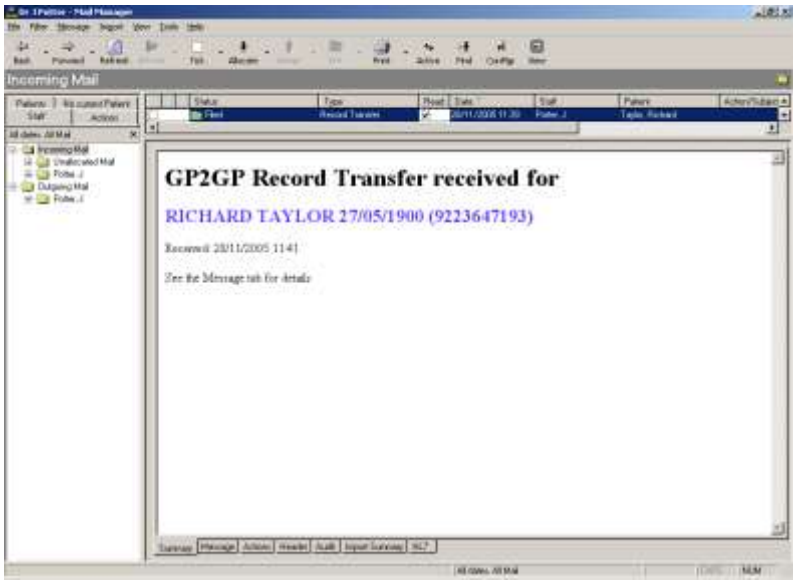
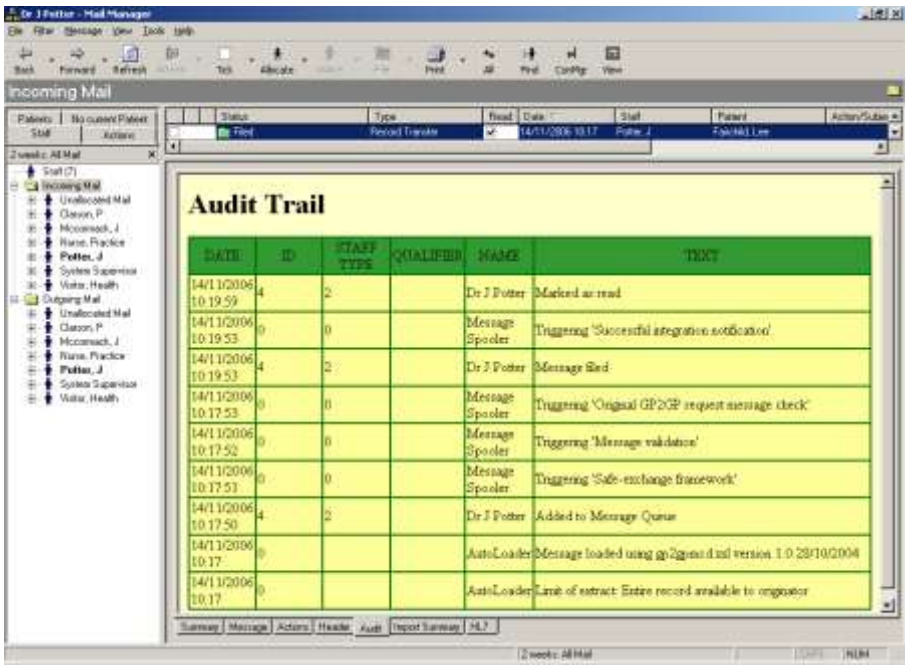


Figure 11: Incoming Record Transfer - Filed

Audit tab

If you look on the **Audit** tab, you can see the succession of messages. The message status is shown in more detail.

You should finally see "*Successful integration notification*".



Finally, to complete the sequence of messages:

- Outgoing **GP2GP Response - Sent** (no action needed), ie the response has been sent stating that the patient's notes have been successfully integrated into your Vision system.
- Once the notes have been sent from the previous practice, the new (requesting) practice will see in Outgoing Mail, a status of **Complete** on the **GP2GP Request** message (ie, the request has been completed). Look at the Audit tab to see the sequence of events, ending with "*Received Acknowledgement - Record Received*."

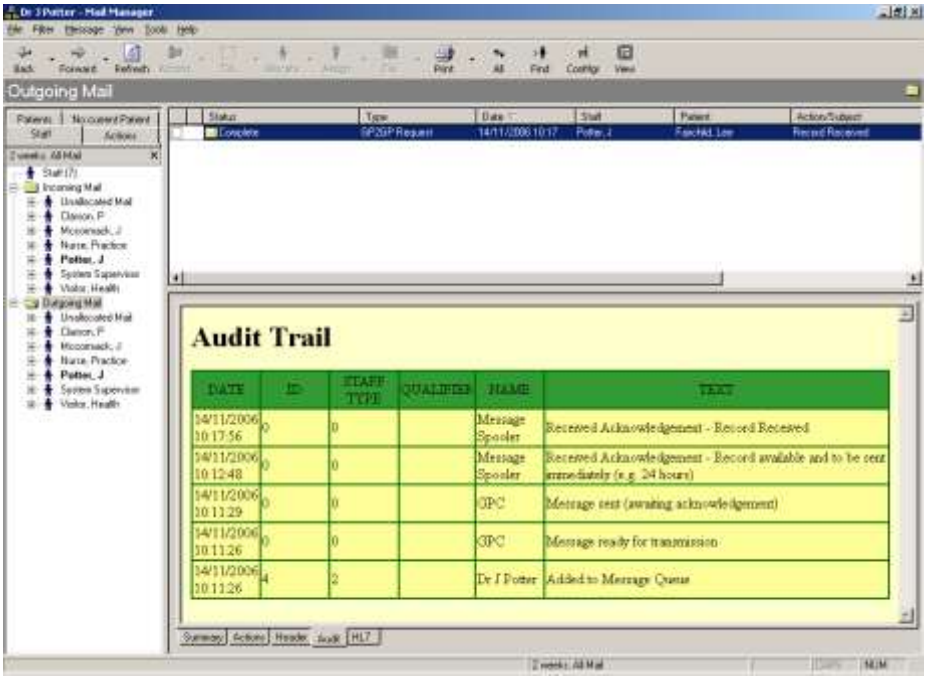


Figure 12: GP2GP Request in Outgoing Mail is Complete

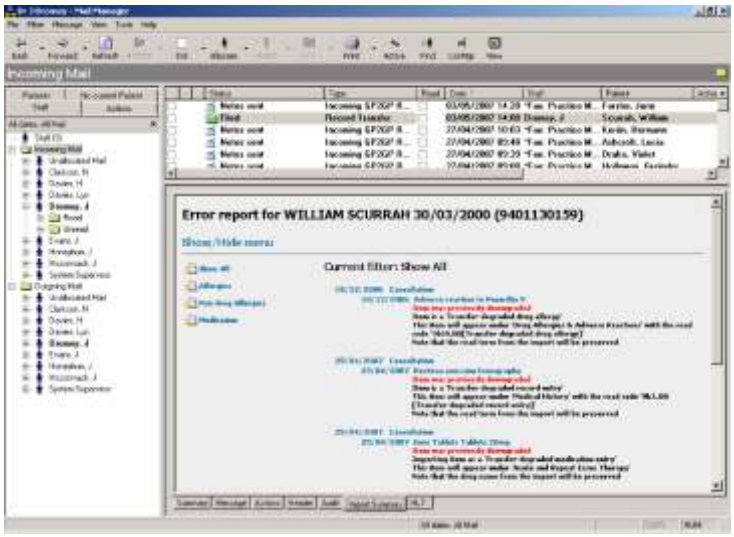
> **Note** - At any one time, you may have several messages that are **Acknowledged** and some that are **Complete**. If you want to chase up the Acknowledged ones, re-sort the Status column by clicking on the column header, which will group them together. Any action will have to be "manual" by contacting the previous practice (see Summary tab for details of the previous practice)

Once a message is **Complete**, a Read coded record will appear on the Message tab, and eventually on the Journal in the patient record in Consultation Manager: "*Patient registration by transfer of GP2GP electronic record*".

> **Note** - A summary of all the Mail Manager messages is shown in sequence in "*Summary of Mail Manager Messages - New patient registering* (page 31)"

Practice A to Practice B to Practice C

In time, patients will not only transfer from practice A to practice B, but also on to practice C. This has an implication for degraded records. It may well be that practice C receives records that were previously degraded when practice B received them. Looking on the Import Summary tab will show "*Item was previously downgraded*".



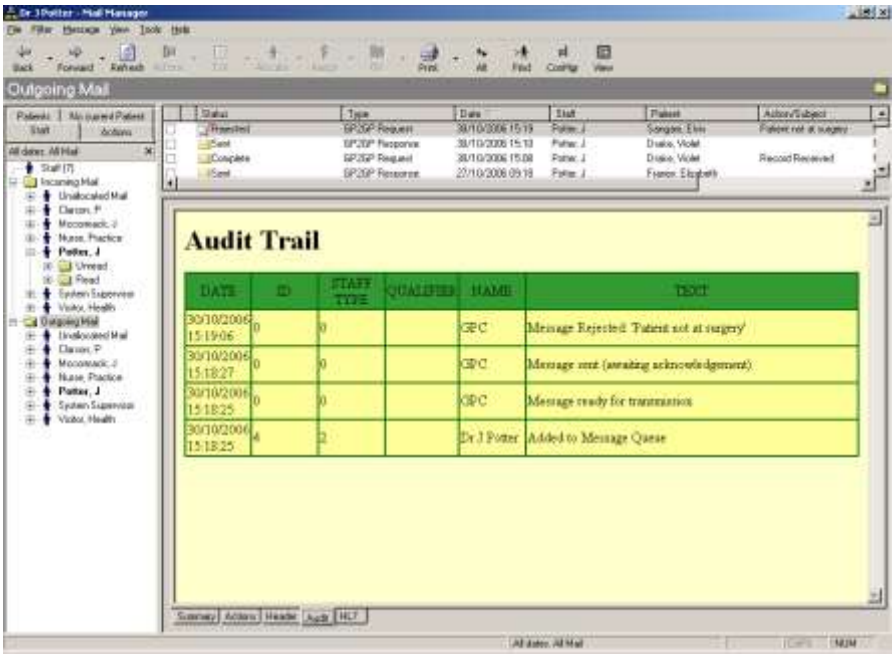
See "*Next step - review the record* (page 30)" and "*What happens when the patient is not registered at the previous practice* (page 31)".

Next step - review the record

- Finally, you need to review the patient record - see "*Review the notes in Consultation Manager* (page 33)"
- There are some actions you need to take regarding repeat medication, allergies and possibly other areas such as recalls, referrals and history priorities.
- Pay attention, too, to an archiving policy (see "*Archiving Messages from Mail Manager* (page 73)"
- See also "*Summary of Mail Manager Messages - New patient registering* (page 31)"
- See also "*What happens when the patient is not registered at the previous practice* (page 31)"

What happens when the patient is not registered at the previous practice

If a GP2GP Request is made from the new practice, and if the notes are not sent, the audit trail will usually reveal the reason, for example, *Message Rejected "Patient not at surgery"*. In this screenshot from the "new" receiving practice, the patient is not registered at the previous practice (the spine is maybe out-of-date):



At the "old" sending practice, they will receive a message "*A request was made for the history of an unmatched patient - This request was rejected - see audit trail for details*.

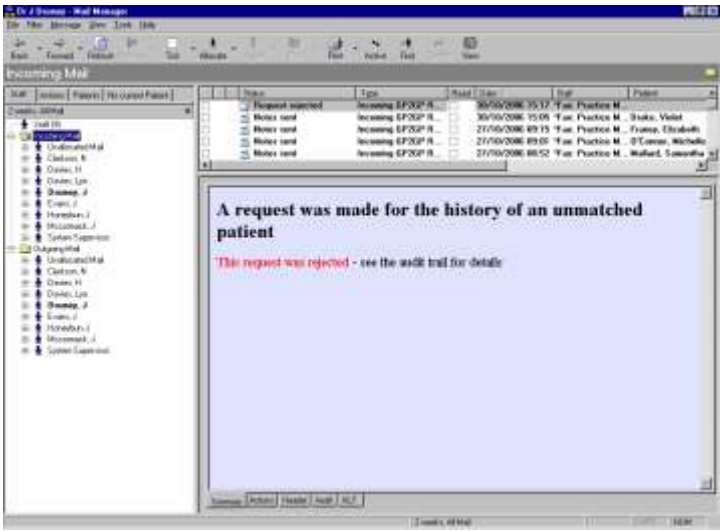


Figure 13: A GP2GP Request has been made but the patient is not registered at the practice

Summary of Mail Manager Messages - New patient registering

This is a summary of the Mail Manager messages that the new practice may see when they are registering a new patient and requesting the records from the previous practice. Some messages move on so quickly you may miss seeing some of them. The messages are described by Message Type then by status.

Action	Incoming Mail in Mail Manager	Outgoing Mail in Mail Manager
New patient is registered - address and Registered GP edited.		**PDS General Update** - status (first Send Awaiting Acknowledgement, then **Complete)**
System checks if previous practice is GP2GP enabled. If OK, sends GP2GP Request to previous practice.		**GP2GP Request** - status **Sent Awaiting Acknowledgement** Action required: None
Previous practice receives GP2GP request and Sends a Response	**Application Acknowledged - Ready for Action** Action required: None	**GP2GP Request** - **Acknowledged with caveats** Action required: None
Previous practice send notes and they are received at the new practice	**Record Transfer** - status **Available for Filing** Action required: right click on this message and select **File All**	**GP2GP Request** - status **Complete** (ie, the request has been completed) Action required: None
New practice right click on **Available for Filing** message and select **File All**	**Record Transfer -** status **Filed** Action required: None	

Review the Notes in Consultation Manager

- Once the patient record has been filed from Mail Manager, you should review the imported record on the Journal in Consultation Manager.
- Allergies and Repeat Medication are particularly urgent and should be dealt with by a clinician. See "*Allergies* (page 38)", "*Repeat medication* (page 41)" and "*Acute medication* (page 47)".
- Other degraded records should also be dealt with promptly - there is a degraded records line in the Alerts pane which you can double click to see a list of degraded records. See "*Degraded Records* (page 33)" including "*History entries which should be in an SDA* (page 51)", "*Pathology* (page 47)", "*Attachments* (page 48)".
- Records of newly transferred patients will have a Journal entry with a Read code of 91 Patient Registration. This allows you to make regular searches for GP2GP patients - "*Search for patients with transferred records* (page 79)".
- Alert practice staff that this patient has records transferred in GP2GP by adding reminders - see "*Reminders* (page 37)".
- Staff should be aware, for example, that the previous practice was a Vision practice, they may have used a different system for priorities 1-9 on History records than your practice. You can use a Priority mapper to map each history priority number to a pre-defined category (see *Priorities* (page 53)).

Degraded Records

There are some elements of current electronic health records which cannot be transferred in completely structured form in every case. This is due to different conventions for describing them on different GP clinical systems or where different coding schemes are used. Vision to Vision transfers are unlikely to produce degraded records, but other suppliers to Vision (where different codes are used) will. This particularly affects medication, allergies and some business functions such as recalls. Some data may be missing a Read code. Such data, which is incomplete, and which require attention are called **degraded records**.

You can list these by double clicking on the Alert pane line **Degraded GP2GP Records**, under the navigation pane. This displays the degraded records on a Filtered tab. Work down each record, by right clicking then Edit.

Degraded records have a Read code 9bJ Transfer-degraded record entry:

- 9bJ0 Transfer-degraded medication entry
- 9bJ1 Transfer-degraded referral
- 9bJ2 Transfer-degraded request (though note that requests are not transferred in GP2GP)
- 9bJ3 Transfer-degraded plan (this refers to recalls)
- 9bJ4 Transfer-degraded drug allergy

- 9bJ5 Transfer-degraded non-drug allergy

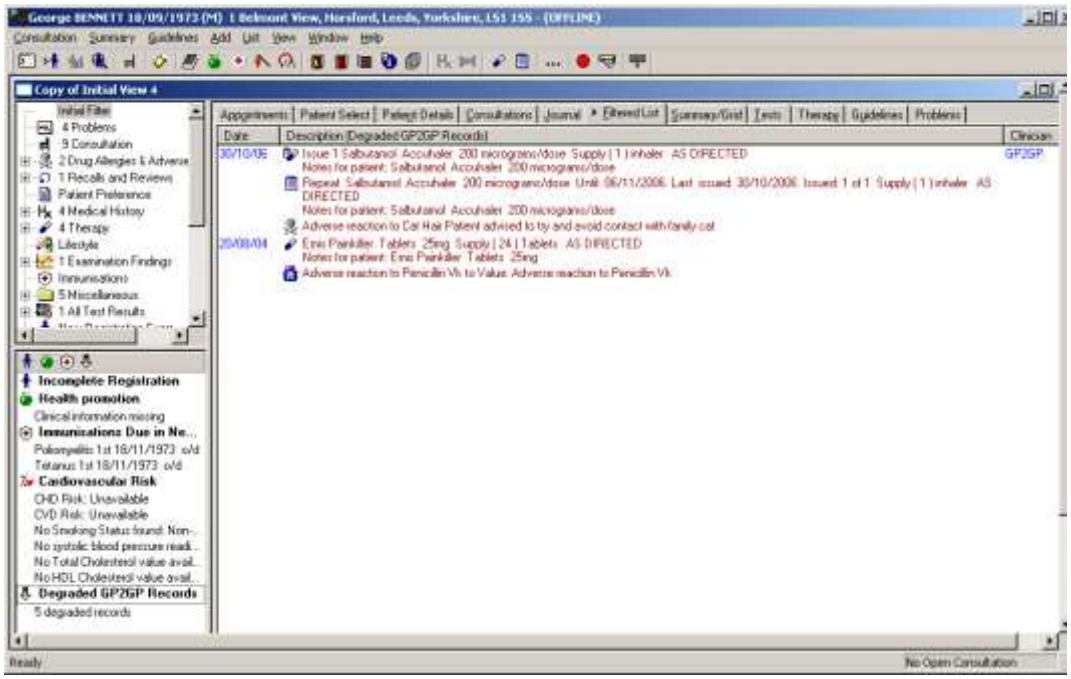


Figure 14: Note the Degraded GP2GP Records line at the bottom of the navigation pane - double click this to list the Degraded records on the Filtered List tab

Clinicians need to be made aware that data in unsummarised GP2GP Records may not appear where they are used to seeing it, for example, in the previous practice, priority numbers may differ, or problems may or may not have been used.

See:

- "*Match efficiency* (page 35)"
- "*Allergies* (page 38)"
- "*Repeat medication* (page 41)"
- "*Acute medication* (page 47)"
- "*History entries which should be in an SDA* (page 51)"
- "*Pathology* (page 47)"
- "*Attachments* (page 48)"
- "*History entries which should be in an SDA* (page 51)"
- "*Recalls* (page 56)"
- "*Medication Reviews* (page 47)"
- "*Requests and Referrals* (page 57)"
- "*Health Promotion* (page 57)"
- "*Disease Registers* (page 58)"
- "*Immunisations* (page 59)"
- "*Priorities* (page 53)"
- "*Audit Trail from previous practice* (page 58)"

Training Tip - Using Consultation View (click on the Consultations tab), you get a much clearer breakdown of the consultation. Note that some sending systems export records in separate consultations called 2non-consultation data", and they are thus imported into Vision in separate consultations.

Match efficiency

Figure 15: Example of blood pressure record in the Import Summary, Mail Manager

A coded clinical statement in GP2GP consists of:

1. The main clinical code, displayName and codeSystem from the sending system. For example:

- code = "2469.00"
- displayName = "O/E - Systolic BP reading"
- codeSystem = READ

displayName is the text from the clinical dictionary that goes with the code (theoretically this can be different from the text displayed to the user, although this is not the case for Vision, with the exception of converted data).

2. Optionally one or more translations of the main code to another codeSystem. For example, EMIS may have an EGTON code for their main clinical code, translated to a READ code.

3. Optionally the text the user saw in the original application (originalText) against this clinical item (if different from the main code's displayName).

Although it should not happen, when receiving a statement in a GP2GP message there is potential for the translated codes to be clinically different from the main code, or for the text the user saw in the original application not to be actually the correct text for the code transmitted etc.

To safeguard against this possibility, the Vision 3 importer implements a complicated set of validation rules. This involves verifying each of the codes are equivalent (where possible, e.g. if Vision receives therapy with a Gemscript code translated to Read and DM+D, Vision knows how to translate each of these to Gemscript; therefore part of the validation is to convert each to Gemscript and check that they all map to the same code). The next step is to check that the text sent in the message actually relates to the code, therefore every displayName and the originalText is compared to the term for the code we are going to import.

If the verification decides everything matches above a 70% confidence threshold, nothing is reported to the user.

The more discrepancies there are, the lower the **match efficiency**, and if the matching falls below 70%, a warning is output in the *Import summary tab* (page 25) in Mail Manager for the user to verify.

In the case of this blood pressure screenshot above, this is perfectly represented in Vision and does not need any action.

Gemscript

As an example:

"Conversion to code '03383001' (codeine phosphate with paracetamol tablets 8mg + 500mg) from 'COTA684' (Co-Codamol 8/500 Tablets) scored a match efficiency of '53%' and should be verfied".

This means that the user should check that the Gemscript drug imported into Vision "codeine phosphate with paracetamol tablets 8mg + 500mg" is equivalent to the drug that was on the original system "Co-Codamol 8/500" as Vision has detected that there are discrepancies between the drug names.

Blood pressure

Blood pressures in GP2GP are sent as a compound statement containing child statements representing systolic and diastolic values. Each of these statements (BP, systolic, diastolic) has to be clinically coded (and all systems use READ for this).

When this statement is imported into Vision, it creates a BP entity and looks to fill the systolic and diastolic attributes with the correct child statement from the compound. This is done by converting the child clinical code to Read, then populating

systolic from the statement which has a code mapping to '2469.00' and similarly diastolic from the statement with code mapping to '246A.00'. As the READ dictionary used by Vision says that the corresponding text for these codes is "O/E Systolic BP reading" and "O/E Diastolic BP reading" respectively rather than "Systolic blood pressure" and "Diastolic blood pressure", it issues a warning (based on the algorithm described above). Were EMIS to send the correct text for this code, the warning would disappear. The user verification should be a check that the Vision importer is correct to map '2469.00 - Systolic blood pressure' to '2469.00 - O/E Systolic BP reading' which it clearly is, etc. I.e. the verification occurs using the information in the Import Summary only.

Units of Measure

Units of measure in GP2GP should ideally be sent using the UCUM standard. Where any unit is represented in a different format (eg /d or /day), those units will be recognised as equivalent and filed appropriately. A number of units outside this list which have been historically supported by Vision are also recognised and filed appropriately. As of DLM 440, if a unit falls outside these classifications then no attempt will be made to automatically convert it to a known unit and it will therefore be downgraded to text.

Reminders

If a member of staff processing the transfer wants to draw attention to the GP when next seeing the patient, they could add one or two yellow post-it reminders in Consultation Manager. One could say "Incoming GP2GP Record" so other staff and GPs know this record has been transferred - one difference might be the use of history priorities from the old practice. The other could say "Unsummarised Record" which can be deleted once the record has been summarised.

> Remember that you can open the patient record in Consultation Manager from Mail Manager, by clicking on the Filed Record Transfer message (Incoming Mail), then clicking on the ConMgr icon on the Mail Manager toolbar.

A consultation does not need to be open to add a reminder.

To add a reminder, use one of these methods:

- Select **Add** (main menu) - **Reminders**. Type in the reminder text and click OK.
  - For example, "*GP2GP Record received 25.05.2007*".
- To **add** a second reminder manually to a patient in Consultation Manager, right click on an existing yellow reminder and select **Add**. Type in the reminder text and click OK.
  - You might want a second reminder that says "*GP2GP Record - Not yet Summarised*."
- If the patient has no existing reminder, select **Add** - **Reminder** instead. Or select **View - Reminders**, which displays a blank post-it, headed with the patient's details. Right click on this and select **Add**.

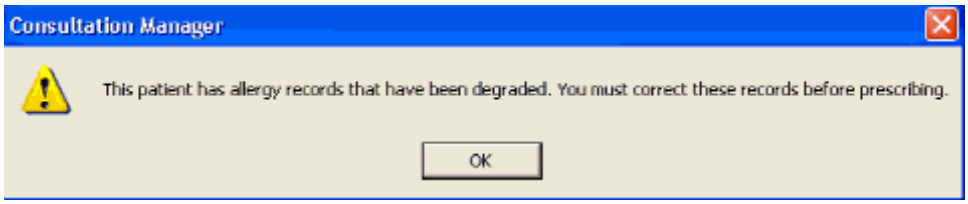
The second reminder can be deleted once the notes have been summarised (right click on the reminder line and select Delete).

Allergies

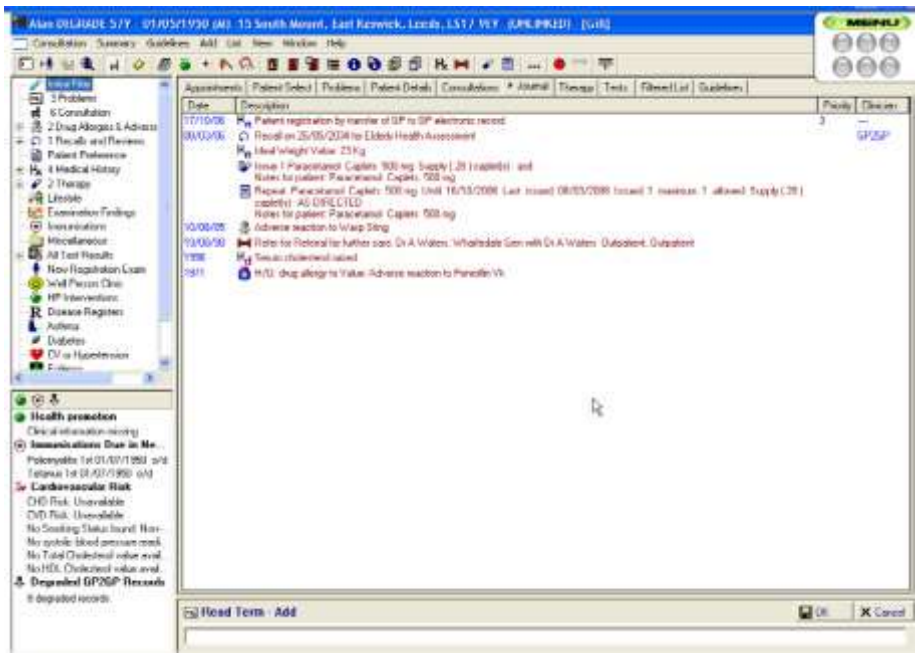
Allergies and adverse reactions do not translate well in record transfers and will appear as degraded entries.

> **Until a clinician has reviewed and edited the patient's allergies/adverse reactions (according to clinical judgement), you will be unable to prescribe new therapy for this patient, or edit therapy, reauthorise or reactivate.**

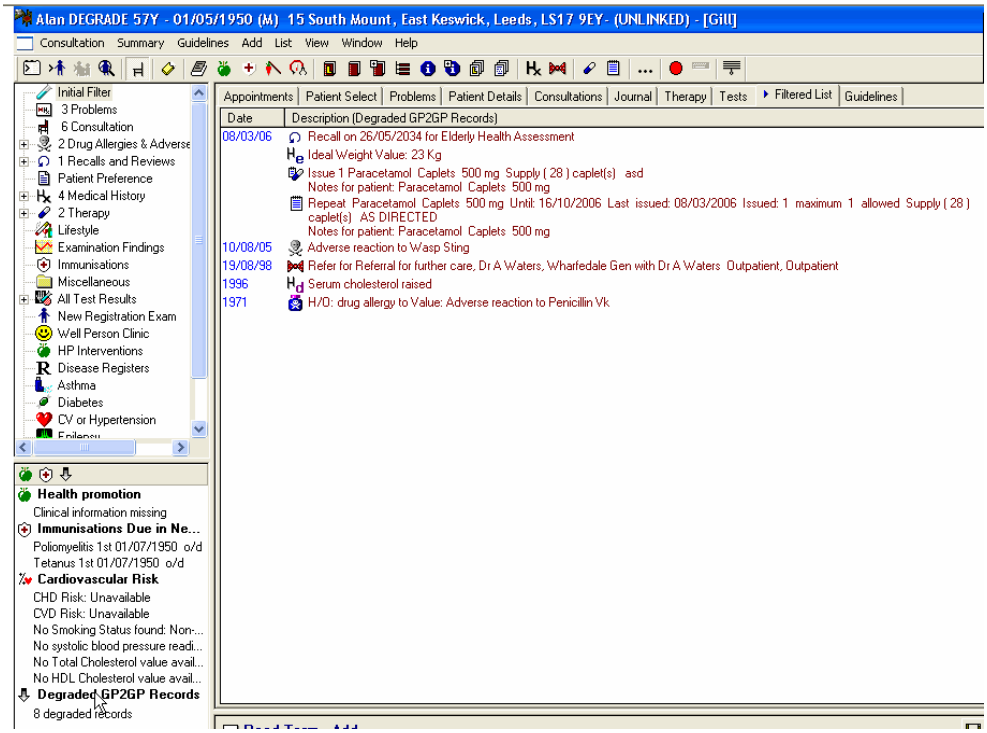
Drug allergies have a Read code of 9bJ4 Transfer-degraded drug allergy, and non-drug allergies 9bJ5 Transfer-degraded non-drug allergy. If you try and prescribe, you will see a message: *This patient has allergy records that have been degraded. You must correct these records before prescribing. OK.*



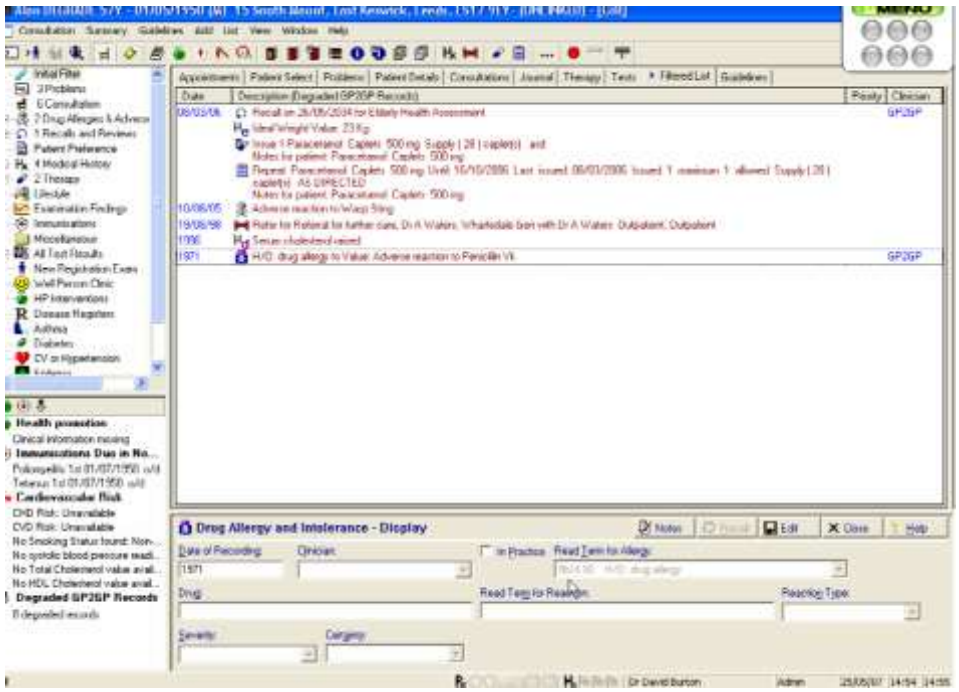
1. Start an Administration type Consultation so as not to record a face-to-face consultation.
2. If you look on the Journal entry, you will see the allergy information.



3. Double click on **Degraded GP2GP Records** under the navigation pane to filter a list of degraded records.

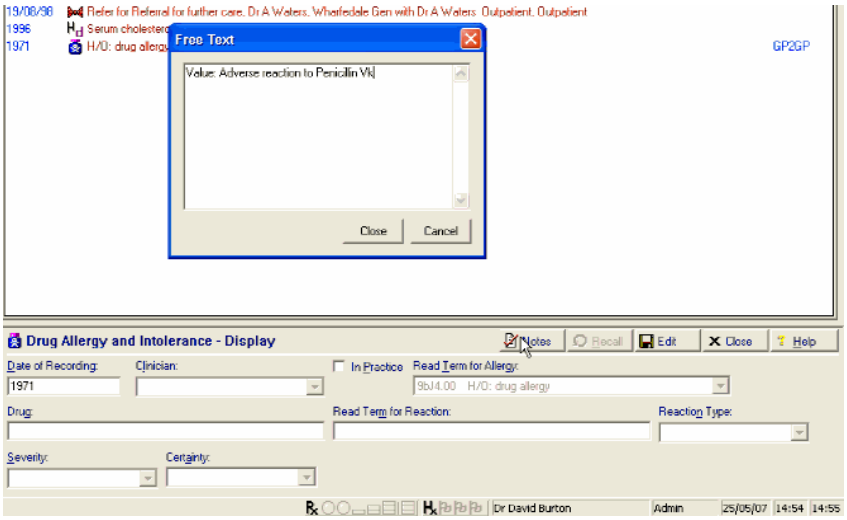


4. Double click on the Allergy line.

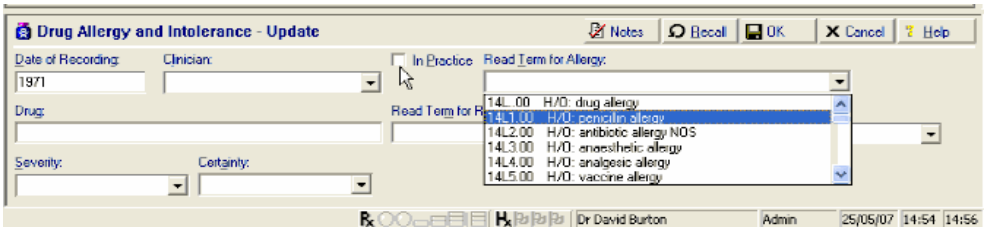


Note - the Read code on the degraded allergy screen is 9bJ4 H/O: drug allergy. The 9bJ shows that this is a degraded record. From DLM 410, where an allergy record is received from another system without an attached drug, it will be imported as a non-degraded allergy record. Eg imported as 14L..00 H/O: Drug allergy instead of 9bJ..00 Transfer-degraded record entity

5. If the **Notes** button is ticked red, click on this to view the text from the original record.



6. Click on the **Edit** button to start to update the allergy record.
7. Note that the **Clinician** field is blank, and there is no tick in **In Practice**.
8. Click on the **Read Term for Allergy** picklist to select the correct Read code. You may need to check the type and extent of the reaction with the patient.



9. Type in the abbreviated drug name and search the drug dictionary for the correct drug.
10. Select the **Reaction Type**, eg Allergy, and if known, the **Severity** and **Certainty**.
11. If you have ascertained the type of reaction, you can find a suitable Read code in **Read Term for Reaction**, eg keyword in "drug rash" and press Enter.
12. Click OK.
13. If there are no more degraded allergies or adverse reactions, you can now prescribe.
14. The degraded allergy line will no longer now appear in the Filtered list of degraded records.

You can also view what the allergies were in the previous practice by going to the Import Summary tab in Mail Manager which shows all errors that occurred as a result of the GP2GP transfer.

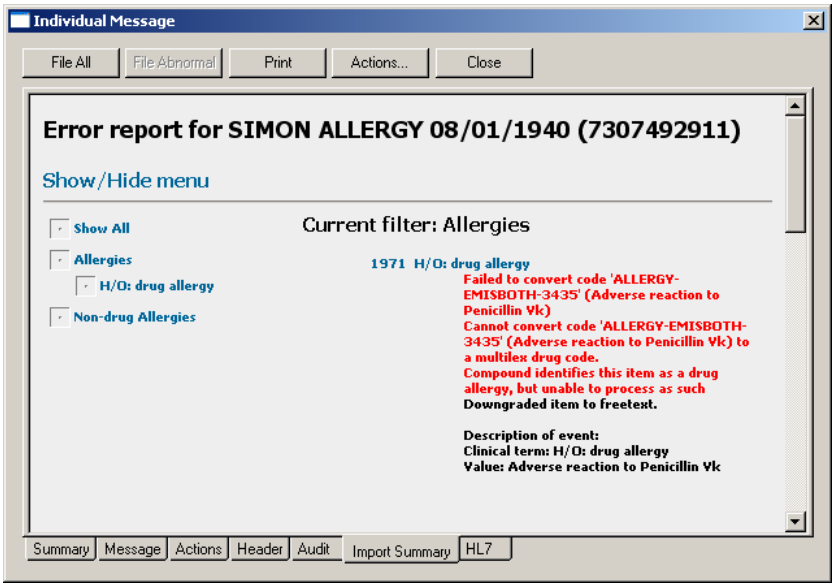


Figure 16: Viewing the Mail Manager message within Consultation Manager. The Import Summary shows the errors, particularly allergies, which need to be re-added.

Repeat medication

Repeat medication, which was prescribed by the last practice and was active at the time of transfer, can be listed in several places:

- On the **Journal**
- As a **Problem** with the header of **Active Medication**
- As a **Problem** with the header of **Previously Active Medication** (see below)
- On the **Therapy - Repeats** tab. Prior to DLM 290, active and inactive repeats (see explanation below) appeared in the inactive filter of the Therapy screen with the bow tie icon, depicting that they were third party entries. From DLM 290, you can differentiate between active and inactive drugs by the icons for active imported medication and for inactive imported medication.

Active imported medication

Repeats with number of issues less than maximum permitted issues, with the Repeat Until Date blank or in the future.

Inactive imported medication

Repeats with the number of issues more than or equal to the maximum permitted issues, regardless of the Repeat Until Date.

Repeats with the Repeat Until Date in the past regardless of number of issues.

> **Note** - You can list **inactive** medication by unclicking the inactive medication filter when at the Repeats tab of Therapy.

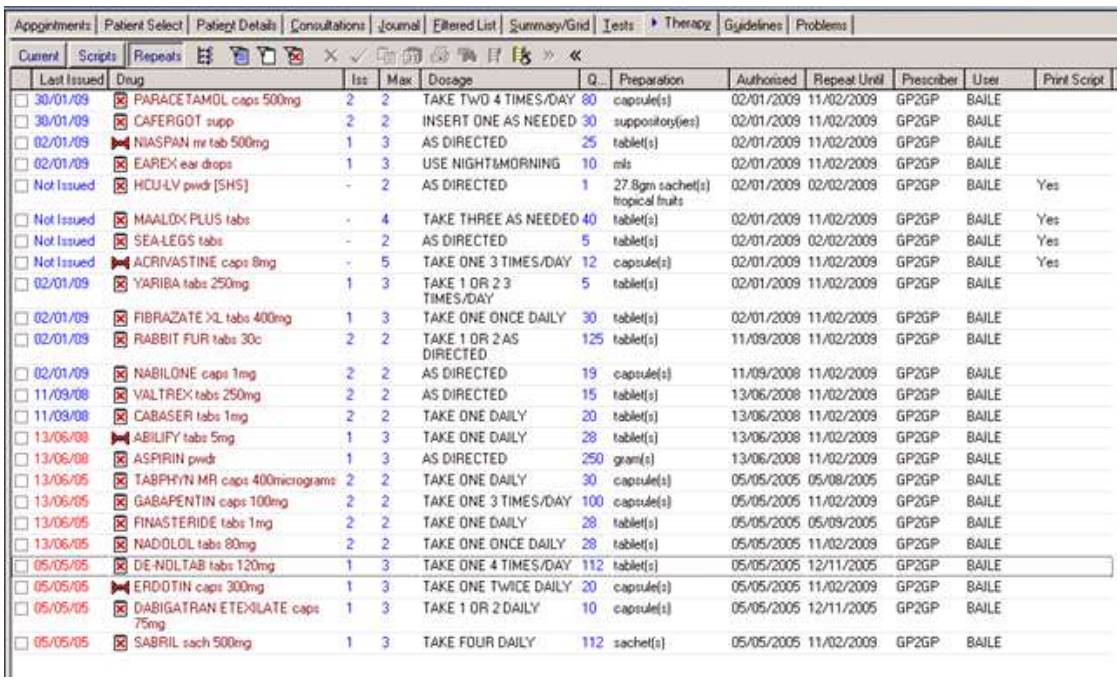
The screenshots below show the Vision sending practice's therapy data and how it is transferred to the receiving practice:

Sending Practice

Last Issued	Drug	Iss	Max	Dosage	Q...	Preparation	Authorised	Repeat Until	Prescriber	User	Print Script
30/01/09	CAFERGOT supp	2	2	INSERT ONE AS NEEDED	30	suppository(ies)	02/01/2009	12/02/2009	BLAK	SYS	Yes
02/01/09	FIBRAZATE XL tabs 400mg	1	3	TAKE ONE ONCE DAILY	30	tablet(s)	02/01/2009	12/02/2009	BLAK	SYS	Yes
30/01/09	PARACETAMOL caps 500mg	2	2	TAKE TWO 4 TIMES/DAY	80	capsule(s)	02/01/2009	12/02/2009	BLAK	SYS	Yes
02/01/09	YARIBA tabs 250mg	1	3	TAKE 1 OR 2 3 TIMES/DAY	5	tablet(s)	02/01/2009	12/02/2009	BLAK	SYS	Yes
Not Issued	HCU-LV pwdr [SHS]	-	2	AS DIRECTED	1	27.8gm sachet(s) tropical fruits	02/01/2009	02/02/2009	BLAK	SYS	Yes
Not Issued	MAALOX PLUS tabs	-	4	TAKE THREE AS NEEDED	40	tablet(s)	02/01/2009		BLAK	SYS	Yes
Not Issued	SEA-LEGS tabs	-	2	AS DIRECTED	5	tablet(s)	02/01/2009	02/02/2009	BLAK	SYS	Yes
Not Issued	ACRIVASTINE caps 8mg	-	5	TAKE ONE 3 TIMES/DAY	12	capsule(s)	02/01/2009		BLAK	SYS	Yes
02/01/09	EAREX ear drops	1	3	USE NIGHT&MORNING	10	mls	02/01/2009		BLAK	SYS	Yes
02/01/09	NIASPAN mr tab 500mg	1	3	AS DIRECTED	25	tablet(s)	02/01/2009		BLAK	SYS	Yes
02/01/09	NABILONE caps 1mg	2	2	AS DIRECTED	19	capsule(s)	11/09/2008		BLAK	SYS	Yes
02/01/09	RABBIT FUR tabs 30c	2	2	TAKE 1 OR 2 AS DIRECTED	125	tablet(s)	11/09/2008		BLAK	SYS	Yes
11/09/08	CABASER tabs 1mg	2	2	TAKE ONE DAILY	20	tablet(s)	13/06/2008	12/06/2009	BLAK	SYS	Yes
13/06/08	ASPIRIN pwdr	1	3	AS DIRECTED	250	gram(s)	13/06/2008	12/06/2009	BLAK	SYS	Yes
11/09/08	VALTREX tabs 250mg	2	2	AS DIRECTED	15	tablet(s)	13/06/2008	12/06/2009	BLAK	SYS	Yes
13/06/08	ABILIFY tabs 5mg	1	3	TAKE ONE DAILY	28	tablet(s)	13/06/2008	12/06/2009	BLAK	SYS	Yes
13/06/05	NADOLOL tabs 80mg	2	2	TAKE ONE ONCE DAILY	28	tablet(s)	05/05/2005		BLAK	SYS	
13/06/05	FINASTERIDE tabs 1mg	2	2	TAKE ONE DAILY	28	tablet(s)	05/05/2005	05/09/2005	BLAK	SYS	Yes
05/05/05	SABRIL sach 500mg	1	3	TAKE FOUR DAILY	112	sachet(s)	05/05/2005		BLAK	SYS	Yes
05/05/05	DABIGATRAN ETEXILATE caps 75mg	1	3	TAKE 1 OR 2 DAILY	10	capsule(s)	05/05/2005	12/11/2005	BLAK	SYS	Yes
13/06/05	GABAPENTIN caps 100mg	2	2	TAKE ONE 3 TIMES/DAY	100	capsule(s)	05/05/2005		BLAK	SYS	Yes
05/05/05	ERDOTIN caps 300mg	1	3	TAKE ONE TWICE DAILY	20	capsule(s)	05/05/2005		BLAK	SYS	Yes
13/06/05	TABPHYN MR caps 400micrograms	2	2	TAKE ONE DAILY	30	capsule(s)	05/05/2005	05/08/2005	BLAK	SYS	Yes
05/05/05	DE-NOLTAB tabs 120mg	1	3	TAKE ONE 4 TIMES/DAY	112	tablet(s)	05/05/2005	12/11/2005	BLAK	SYS	Yes

Figure 17: Sending Practice Therapy Data

Receiving Practice



Last Issued	Drug	Iss	Max	Dosage	Q...	Preparation	Authorised	Repeat Until	Prescriber	User	Print Script
30/01/09	PARACETAMOL caps 500mg	2	2	TAKE TWO 4 TIMES/DAY	80	capsule(s)	02/01/2009	11/02/2009	GP2GP	BAILE	
30/01/09	CAFERGOT supp	2	2	INSERT ONE AS NEEDED	30	suppository(ies)	02/01/2009	11/02/2009	GP2GP	BAILE	
02/01/09	NIASPAN mr tab 500mg	1	3	AS DIRECTED	25	tablet(s)	02/01/2009	11/02/2009	GP2GP	BAILE	
02/01/09	EAREX ear drops	1	3	USE NIGHT&MORNING	10	mls	02/01/2009	11/02/2009	GP2GP	BAILE	
Not Issued	HCU-LV pwdr [SHS]	-	2	AS DIRECTED	1	27.8gm sachet(s) tropical fruits	02/01/2009	02/02/2009	GP2GP	BAILE	Yes
Not Issued	MAALOX PLUS tabs	-	4	TAKE THREE AS NEEDED	40	tablet(s)	02/01/2009	11/02/2009	GP2GP	BAILE	Yes
Not Issued	SEA-LEGS tabs	-	2	AS DIRECTED	5	tablet(s)	02/01/2009	02/02/2009	GP2GP	BAILE	Yes
Not Issued	ACRIVASTINE caps 8mg	-	5	TAKE ONE 3 TIMES/DAY	12	capsule(s)	02/01/2009	11/02/2009	GP2GP	BAILE	Yes
02/01/09	YARIBA tabs 250mg	1	3	TAKE 1 OR 2 3 TIMES/DAY	5	tablet(s)	02/01/2009	11/02/2009	GP2GP	BAILE	
02/01/09	FIBRAZATE XL tabs 400mg	1	3	TAKE ONE ONCE DAILY	30	tablet(s)	02/01/2009	11/02/2009	GP2GP	BAILE	
02/01/09	RABBIT FUR tabs 30c	2	2	TAKE 1 OR 2 AS DIRECTED	125	tablet(s)	11/09/2008	11/02/2009	GP2GP	BAILE	
02/01/09	NABILONE caps 1mg	2	2	AS DIRECTED	19	capsule(s)	11/09/2008	11/02/2009	GP2GP	BAILE	
11/09/08	VALTREX tabs 250mg	2	2	AS DIRECTED	15	tablet(s)	13/06/2008	11/02/2009	GP2GP	BAILE	
11/09/08	CABASER tabs 1mg	2	2	TAKE ONE DAILY	20	tablet(s)	13/06/2008	11/02/2009	GP2GP	BAILE	
13/06/08	ABILIFY tabs 5mg	1	3	TAKE ONE DAILY	28	tablet(s)	13/06/2008	11/02/2009	GP2GP	BAILE	
13/06/08	ASPIRIN pwdr	1	3	AS DIRECTED	250	gram(s)	13/06/2008	11/02/2009	GP2GP	BAILE	
13/06/05	TABPHYN MR caps 400micrograms	2	2	TAKE ONE DAILY	30	capsule(s)	05/05/2005	05/08/2005	GP2GP	BAILE	
13/06/05	GABAPENTIN caps 100mg	2	2	TAKE ONE 3 TIMES/DAY	100	capsule(s)	05/05/2005	11/02/2009	GP2GP	BAILE	
13/06/05	FINASTERIDE tabs 1mg	2	2	TAKE ONE DAILY	28	tablet(s)	05/05/2005	05/09/2005	GP2GP	BAILE	
13/06/05	NADOLOL tabs 80mg	2	2	TAKE ONE ONCE DAILY	28	tablet(s)	05/05/2005	11/02/2009	GP2GP	BAILE	
05/05/05	DE-NOLTAB tabs 120mg	1	3	TAKE ONE 4 TIMES/DAY	112	tablet(s)	05/05/2005	12/11/2005	GP2GP	BAILE	
05/05/05	ERDOTIN caps 300mg	1	3	TAKE ONE TWICE DAILY	20	capsule(s)	05/05/2005	11/02/2009	GP2GP	BAILE	
05/05/05	DABIGATRAN ETEXILATE caps 75mg	1	3	TAKE 1 OR 2 DAILY	10	capsule(s)	05/05/2005	12/11/2005	GP2GP	BAILE	
05/05/05	SABRIL sach 500mg	1	3	TAKE FOUR DAILY	112	sachet(s)	05/05/2005	11/02/2009	GP2GP	BAILE	

Figure 18: Receiving Practice Imported Therapy Data

Previously Active Medication Problem Heading

Furthermore, active imported medication now only appears under Previously Active Medication imported via GP2GP active problem. Inactive imported medication is only visible from the inactive filter in the Therapy - Repeats tab.

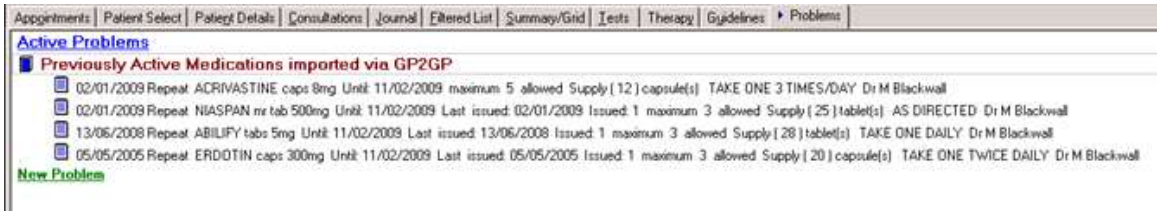
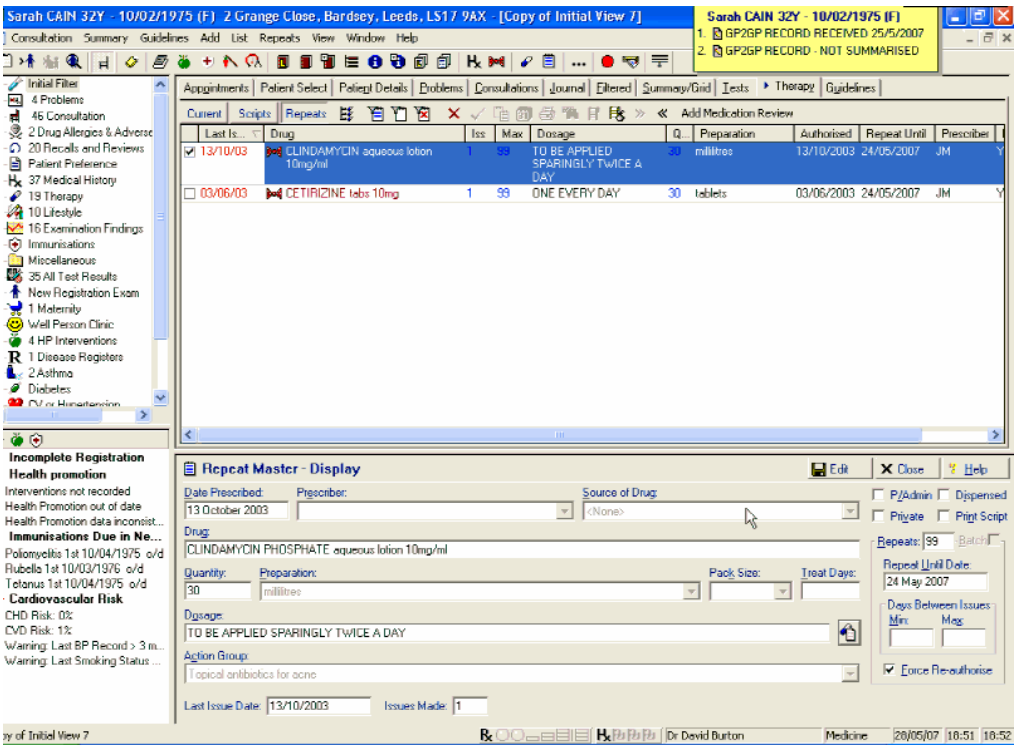


Figure 19: Previously Active Medications imported via GP2GP

Reauthorising inactive imported repeats

The repeat medication needs to be made valid again.

You cannot reauthorise in the usual way because these repeats have no Prescriber or Source of Drug.



All repeat medication needs to be **represcribed** in the same way as you would if it were a paper record. The easiest way to do this is to go to the **Problems** tab and look under **Active Medication or Previously Active Medication**. Click on this **Active Medication** heading once to expand the list beneath.

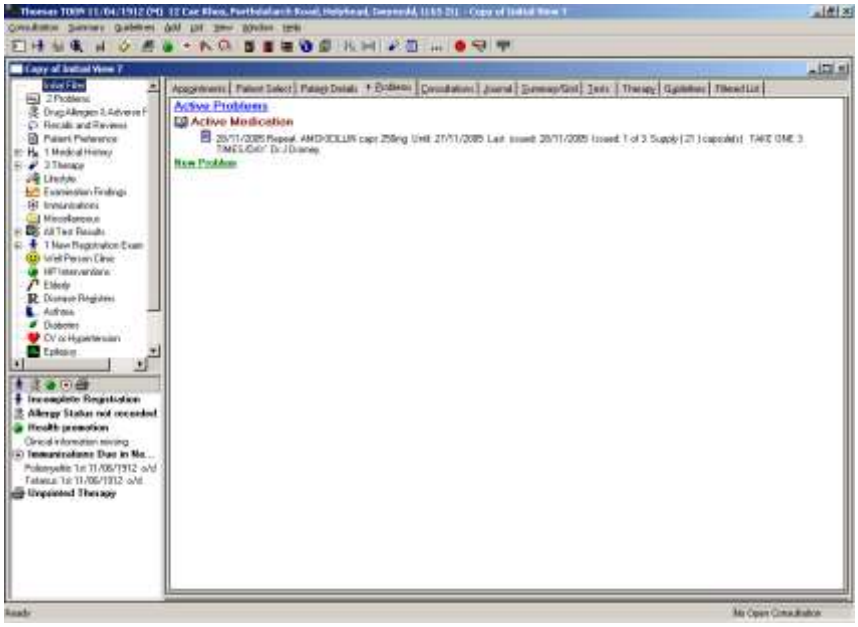
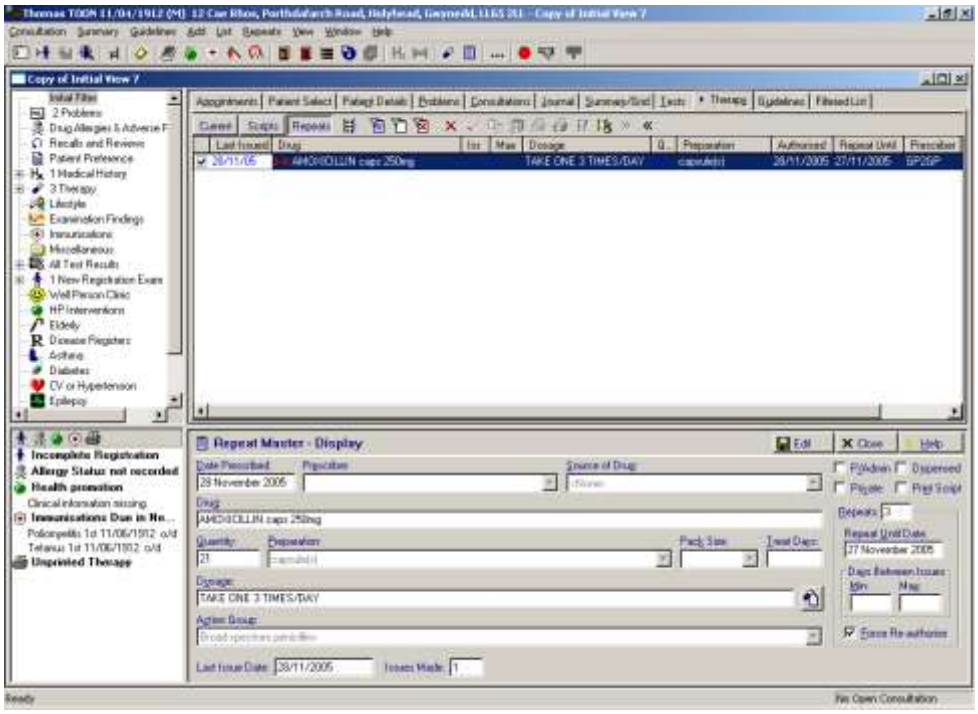


Figure 20: A new Problem called Active Medication is created giving all the patient's repeats that were active at the time of transfer



From either **Problems - Active Medication** or from **Therapy - Repeats**, drag each repeat line until the floating toolbar appears and drop on the top left icon - Another (make sure there is a consultation started first). This will copy the medication details and show a Repeat Therapy - Add screen for you to complete.

Check that the medication is the one you wish to continue to prescribe and change it if necessary.

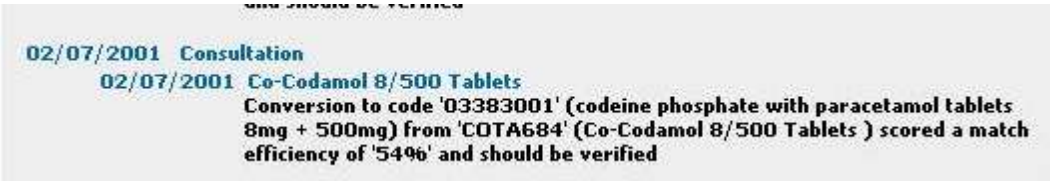
- If the record was transferred from a non-Vision practice, the drug name will probably be blank so select the corresponding drug carefully.
- Check the Quantity and Dosage.
- The Date Prescribed will default to today's date.
- Enter a suitable number in Repeats.

Once you click OK, the medication will be prescribed as an active repeat master.

> **Note** that medication that has transferred from a non-Vision practice may not have a drug Read code and will be degraded. **You cannot copy or edit degraded medication**. Make sure that you prescribe and select the drug name, form and strength correctly.

If you do not have a Problems tab, you can either add one to your current patient record view, or choose another Patient record view such as Initial view 6, 7 or 8. To add a problems tab to your current view: right click on any of the tab headers (eg Journal, Tests) and select Organise Tabs. Click on Add, scroll down and select Problems List. Click OK. Click on Problems at the bottom of the list and Move Up to position it where you want it. Click OK then Yes to refreshing the screen.

Example of degraded record



The text in this screenshot reports: "*Conversion to code '03383001' (codeine phosphate with paracetamol tablets 8mg + 500mg) from 'COTA684' (Co-Codamol 8/500 Tablets) scored a match efficiency of '53%' and should be verfied*".

This means that the user should check that the Gemscript drug imported into Vision "codeine phosphate with paracetamol tablets 8mg + 500mg" is equivalent to the drug that was on the original system "Co-Codamol 8/500" as Vision has detected that there are discrepancies between the drug names.

In the screenshot below, the first two have failed conversion to Gemscript because in the message they do not have a drug code, or translation that can be mapped to a Gemscript code (possibly EMIS drug coded).

The other two have been converted to Gemscript drug codes, but there are discrepancies between the drug names, and therefore the user is advised to verify that they are equivalent. The only verification needs to be in the Import Summary.

Discontinued Medication

All medication received which is discontinued, is now added as a Medical History entry with the Read code #8B3R Drug Therapy Discontinued.

The details of the discontinued drug are stored in the comments section of the data form.

Figure 21: Transferred Discontinued Medication

Acute medication

Acute medication is "past" issued therapy and if degraded, cannot be edited or copied. This is because the reason for the degrade is often lack of a drug Read Code.

You can add a new item (entering the original prescribing date and change the Source of Drug to "By GP in another practice") and delete the old one.

Medication Reviews

List any medication reviews that have transferred successfully from the List menu - Medication Reviews. Edit the latest one in each type, eg Asthma, Epilepsy, to match your practice protocol.

If no medication reviews are listed, go to the **Therapy** tab and click on the **Add Medication Review** button to start a new review sequence.

- Click on the checkbox **Review Done** to uncheck it. This will set the Medication Review as due but not done yet. On the other hand, if you have carried out the review, leave the tick in Review done.
- Check the **Read Term, Clinician, Review Dates** and **Due Dates**.

Some GP2GP transfers from non-Vision practices include Medication Review data which does not contain a review date and a clinician, which interferes with the review system. From DLM 290, you are now able to delete transferred medication review data to overcome this problem.

Pathology/Test Results

Points to note:

- **Degraded Test Results** -Test results free text is added to the notes field of the corresponding test result. The result qualifier is also shown here.
- **Results Outside Reference Range** have a qualifier of "Outside reference range".

- For incoming test results where the numeric value is blank but a unit of measure value has been sent, to avoid confusion, Vision changes the unit of measure to <none>.
- Vision recognises non-standard units of measure for GP2GP messages.

Unfiled pathology results

Pathology results that are unfiled at the previous practice will be automatically filed at the previous practice on transfer and will appear as *filed* at the new practice.

Pathology results, which are multi-specimen and appear in the "old" practice as multi-tabs, will appear in the "new" requesting practice as a single tab.

> **Training Tip** Right click on a pathology result (eg in the Journal) and select Source to show the exact message with reference values.

Attachments

Attachments are transferred if the attachment is filed within the patient record, and not held outside. They can be viewed in the **Attachments** SDA under **Miscellaneous** on the left-hand navigation pane. If you double click on an Attachment line (Filtered or Journal tab) and then click the **View** button, you should see the image.

Letters sent by the previous practice may appear as either Attachments or Correspondence. In Vision to Vision transfers, letters with .doc will be filed in **Correspondence** if that is where they came from, or in **Attachments** if they originated there in the previous practice. Note that Vision Editor letters are not transferred in GP2GP.

Double click on the **Correspondence** entry on the Journal or Filtered View, and click on the **Letter** button to view the original letter.

Patient records may contain attached test results such as Spirometry, ECGs etc which appear as **Multimedia attachments** in the Journal. These can also be filtered using **Miscellaneous**.

DocMan Attachments

DocMan attachments are included in the GP2GP Transfer message. Note that Docman needs to be installed on the GPC workstation where the GP2GP extract is created for any Docman attachment to be successfully transferred. Whilst you can receive DocMan attachments via a GP2GP transfer, the attachments are stored in Consultation Manager and are not integrated into your DocMan system.

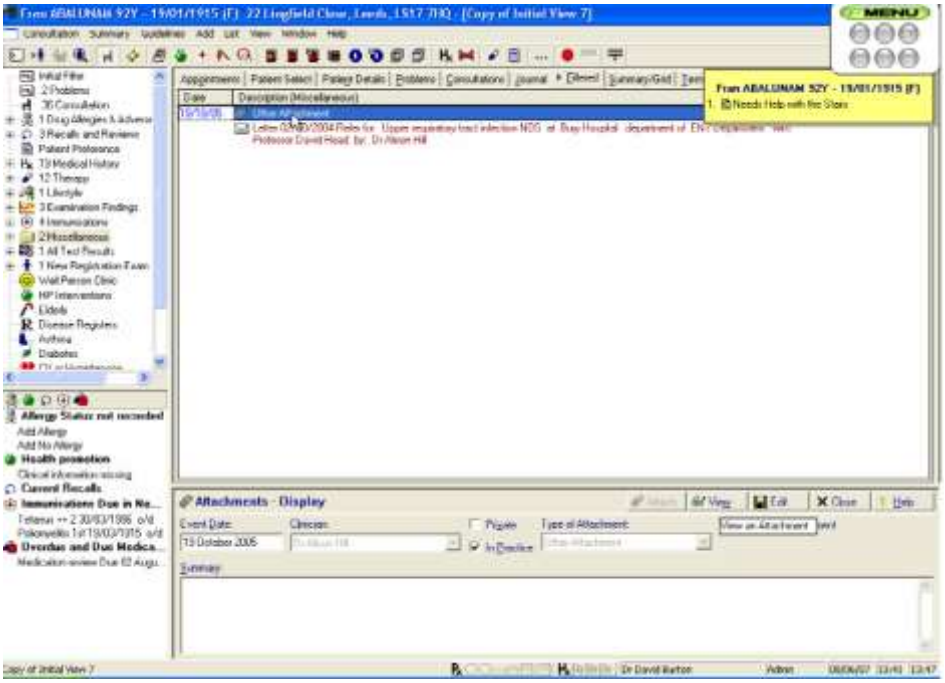


Figure 22: Attachments and Letter Correspondence - filtered through Miscellaneous

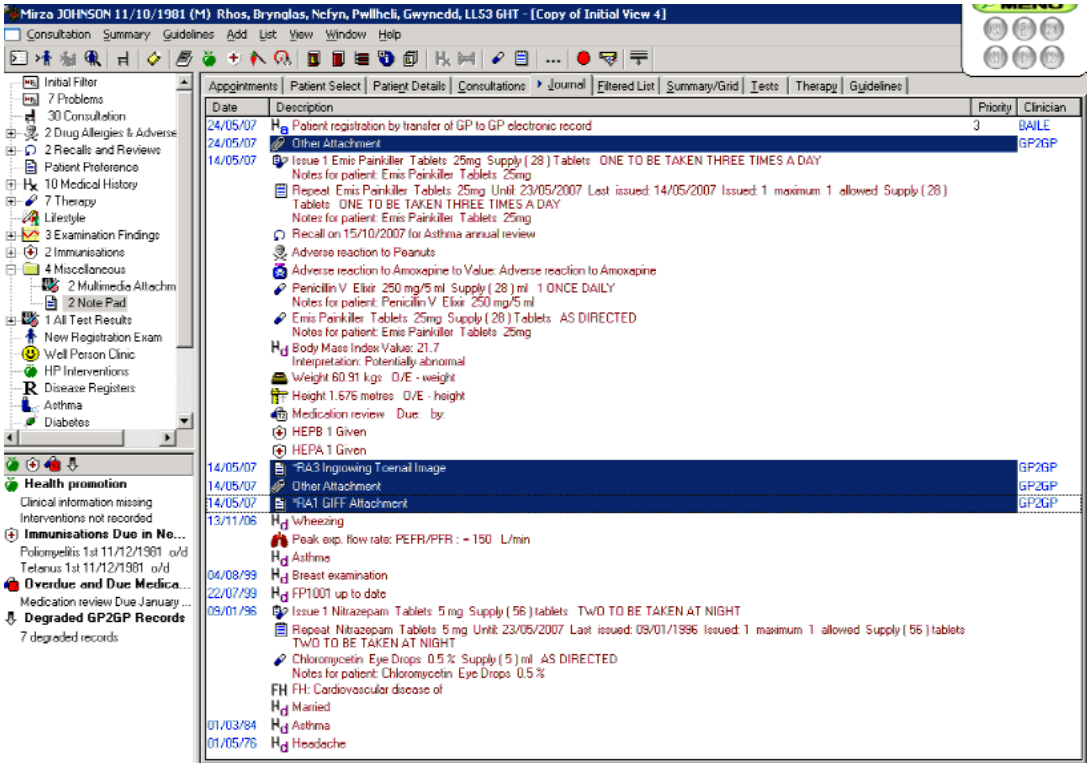


Figure 23: Multimedia attachment - filtered through Miscellaneous

Documents not transferred or invalid attachments

Documents held elsewhere outside of the Vision patient record (for example, Passport, Correspondence Manager) are not transferred.

Attachments in GP2GP transfer are limited to a maximum size of 5 mB. There is a limit of 99 attachments allowed in a single transfer.

The practice sending the records will show Transmission Errors if the message is too big and the message will not reach the new practice.

Invalid attachments and some file formats of attachment are not permitted in GP2GP and in Consultation Manager, "placeholders" will be shown. Attachments with non-permitted formats will be listed, and you can select to display them, but when you come to View, you will see a text message stating the reason the attachment is not present. You could contact the previous practice or wait until the Lloyd-George MRE arrives in the post and then decide whether to scan in the file in question.

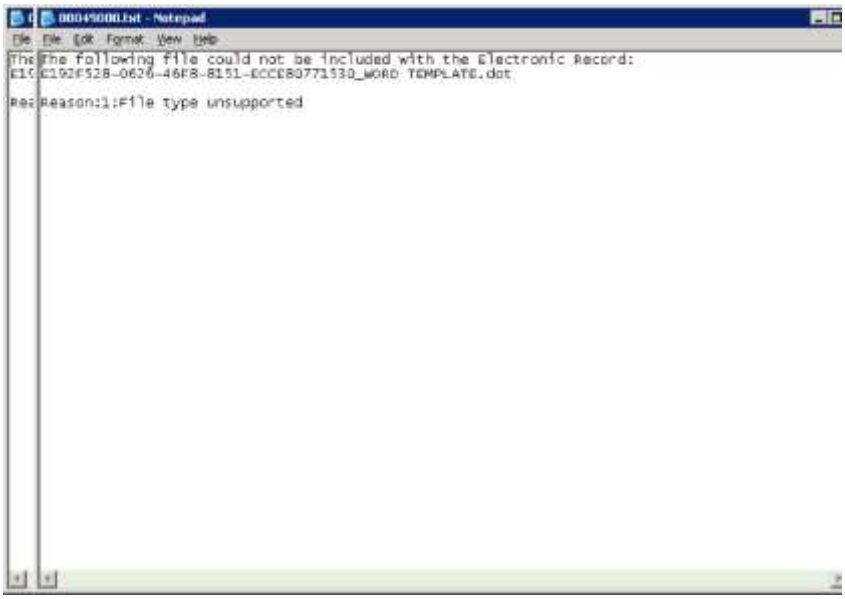


Figure 24: When you "view" this attachment, because it is not valid, it gives the filename - contact the previous practice if you want them to send you this file

Permitted formats for attachments which will transfer in GP2GP

- docx
- text/plain
- text/html
- application/pdf
- application/xml
- text/xml
- text/rtf
- audio/basic
- audio/mpeg
- image/png
- image/gif
- image/jpeg

- image/tiff
- video/mpeg
- application/msword

If you are sending attachments in a GP2GP transfer, you need to make sure that any attachment documents are as compact as possible**.** In particular, Word processing documents have the potential to be very large, especially if they incorporate images or pictures in the header or background. For instance, a letter headed image may be 100 times greater than the same letter without an image.

As a general rule, you are strongly advised to consider removing any embedded images in any word processor generated letters that are attached to the core clinical records. If at all possible, attached WP documents should be text only.

History entries which should be in an SDA

Most entries will have imported successfully and via Read codes, located in the correct SDA (structured data area).

However, some records may transfer without a Read code and not appear in their correct SDA. They will appear as History entries with the Read code of 9bJ.

Examples might be O/E Weight or Serum Cholesterol. Another example might be a BP record with just a systolic reading, which will appear as degraded with the BP reading in free text.

In these cases, you should add a new record (eg, Add-Weight, Add-Test Result, Add-BP) and then delete the History record.

These degraded records should not be left and must be edited, as untouched they will not appear in searches, QOF audits or graphs in the case of numerical values such as weight.

1. List the degraded records by double click on the **Degraded GP2GP Records** line at the bottom of the **Alerts**.
2. This lists the degraded records under the **Filtered** tab.
3. Double click on the degraded line.
4. The **Comments** or **Notes** field will carry the correct information from the original record.
5. A degraded record will have the correct Read Description but the WRONG Read code starting with 9bJ.

   If this degraded record is a history entry, then just edit the Read code to a suitable code.

   If this degraded record is not a history entry, and it normally appears under a Structured Data Area (SDA) such as weight, height, blood pressure, press Cancel on this screen.

   - Add a new record using either the **Add** menu, or **Select Read Term**.
   - Make sure you change the **Date of Recording** from today's date to the date of the original record.
   - Click on the checkbox **In Practice** to remove the tick.
   - Blank out the name of your **GP**, as the data was recorded in another practice.
   - Type in any value, such as a weight in kg.

- Click OK to finish.

- Finally, the degraded record can be deleted from the degraded record list, by right clicking on it and selecting **Delete**.
- The newly added record will appear in the Journal.

GP2GP Data Entry Free Text Notes

Any free text notes added on the sending system is brought into Vision as a notepad entry. Depending on the Read code or Structured Data Area (SDA) it was associated with, the notepad entry is displayed in one of the following consultation categories:

Read code Category of Incoming Data	Consultation Category for Associated Freetext
1.History / symptoms	Symptom
2.Examination / Signs	Examination
3.Diagnostic procedures	Examination
4.Laboratory procedures	Examination
5.Radiology/physics in medicine	Examination
6.Preventive procedures	Intervention
7.Operations, procedures, sites	Intervention
8.Other therapeutic procedures	Intervention
9.Administration	Intervention
A-Z	Diagnosis

Structured Data Area	Consultation Category
Therapy	Intervention
BP	Examination
Referral	Intervention
Recall	Intervention
Smear	Examination
Smoking	Examination
Alcohol	Examination
Allergy	Examination
Allergy	Diagnosis

Priorities

Historically Vision has supported the concept of a priority field on Medical History entries in Consultation Manager which allows for such entries to be categorised using a priority number between 0-9. Priority numbers can be applied differently from one practice to the next. This has caused particular problems with the introduction of GP2GP, as it is essential that the recipient practice understands the intended meaning of the priority flag from the sending practice.

To address this issue, we have created a GP2GP Priority Mapper tool which allows you to map each medical history priority number used by your practice to a predefined data category/external priority for both incoming and outgoing GP2GP messages. The main benefit to your practice is that all transferred medical histories should carry the correct priority according to your practice protocol.

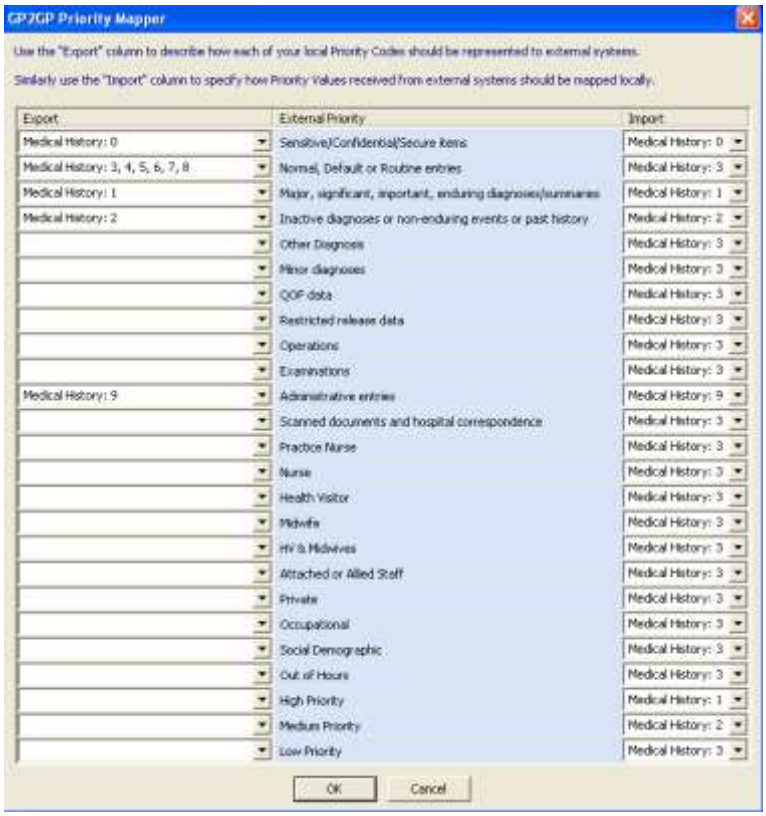
Filtering priorities

To review the priorities used, filter the history entries (ie on the left-hand navigation pane, click on Medical History to expand the list, then click on the lower Medical History, view on the Filtered tab). Work down the list assessing each entry and its priority and right click and Edit to your own priority scheme.

Setting the Priority Mapper

The Priority Mapper is a practice wide setting and you must have System Manager Rights in Vision to alter the settings. To access the GP2GP Priority Mapper:

1. In **Mail Manager**, go to **Tools – GP2GP Priority Mapper**.



The GP2GP Priority Mapper is divided into three columns: Export, External Priority and Import.

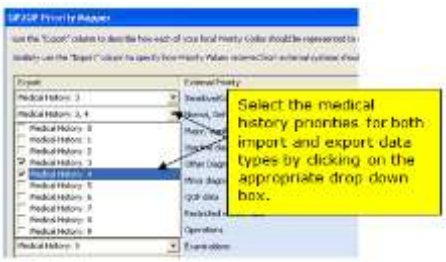
Export - Allows you to define the data categories/external priorities for outgoing medical history priorities. Each Vision priority 0-9 MUST be mapped to an external priority. You can map more than one priority to the same external priority.

External Priority - There are 25 external priorities (listed below) which detail possible data categories for import and export priorities to map to. This list has been created after detailed consultation with existing practices.

- Sensitive/confidential/secure items
- Normal, default or routine entries
- Major, Significant or important, enduring diagnoses and summary information
- Inactive diagnoses or non-enduring events or significant past histories
- Other diagnoses
- Major diagnoses
- QOF Data
- Restricted release data
- Operations
- Examinations
- Administrative entries
- Scanned documents and hospital correspondence
- Practice nurse
- Nurse
- Health visitor
- Midwife
- HV & Midwives Attached or allied staff
- Private
- Occupational
- Social demographic
- Out of hours
- High priority
- Medium priority
- Low priority

Import - Allows you to define the medical history priorities for incoming data categories/external priorities.

1. Set your export and import preferences against the External Priority Definitions by clicking in each drop down box. You can select more than one priority for each External Priority.



If you do not select a medical history priority for Export data, the data will automatically be mapped to Normal, Default or Routine entries.

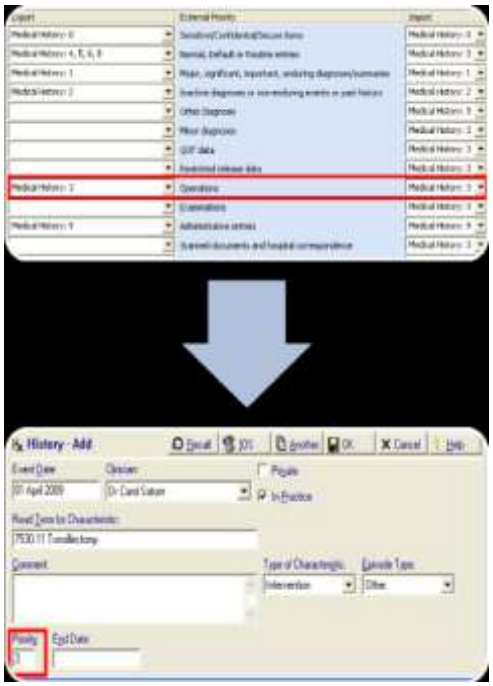
2. Click OK to Save.
3. Close Mail Manager.

Example - Exporting practice "meaning" of priority 7

In the example below, the **exporting practice** have set their Export Priority 7 to map to the "Operations" External Priority. This means that medical history with a priority 7 is defined as an operation.

Importing practice priority for the "operations" external priority.

The **receiving practice** have their "Operations" External Priority to map to Import Priority 3. The Tonsillectomy medical history will be priority 3 when received by Vision.

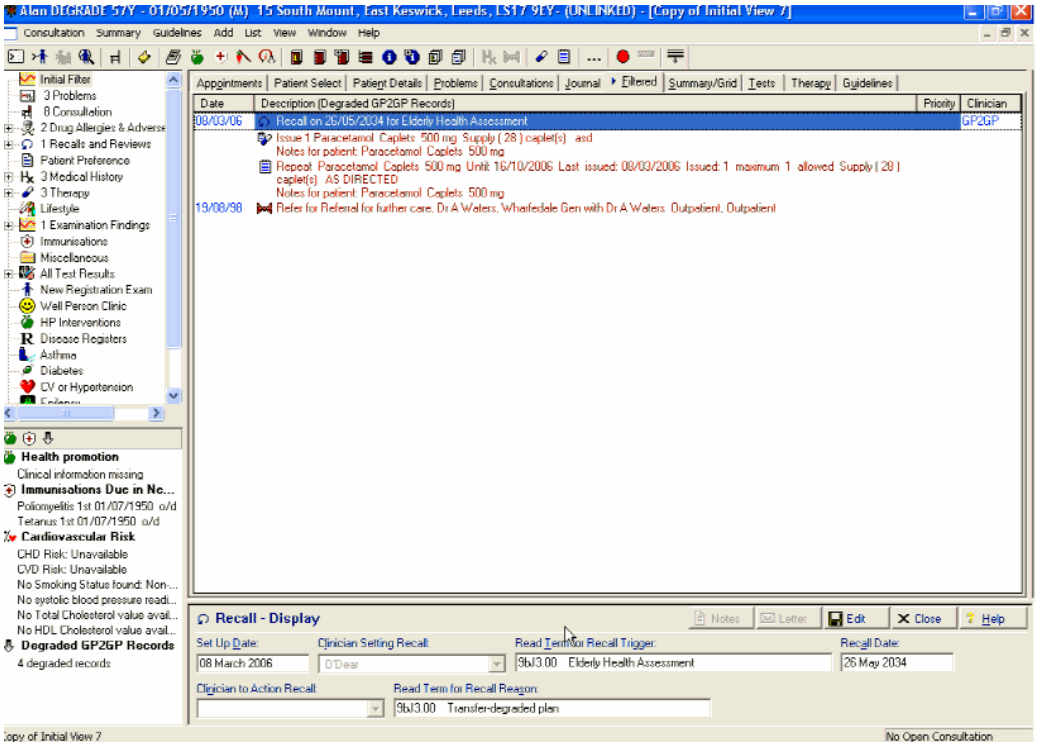


Recalls

Recalls set up in the previous practice will need scrutiny and resetting in the new practice as methods of recall may differ. You do not need to start a consultation to view, edit or delete recalls.

The Read Term for Recall Trigger and the Read Term for Recall Reason are likely to have a 9bJ code. Edit these to reasonable codes.

For Cytology records, you may want to edit just the last smear record and add a recall to it. Patients from non-Vision practices may need to be excluded from the Cytology Target, as appropriate.



Note that some non-Vision practices give recalls to babies from their moment of registration, including a 20 year recall for cytology for baby girls, and eighty years for elderly assessment. Sometimes the recall date is so far into the future that you may simply want to delete the recall altogether.

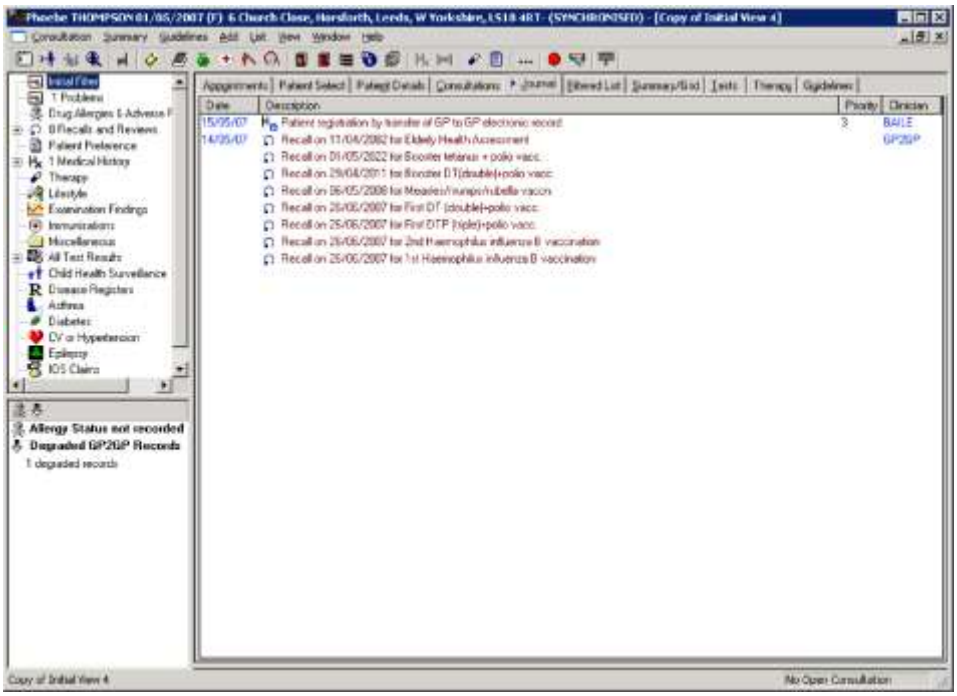


Figure 25: Automatic baby recalls

Requests and Referrals

Requests

Requests are not sent in GP2GP transfer.

Referrals

Referrals which have been added to the previous practice will be sent through. If it was a non-Vision practice, the referral record could be degraded.

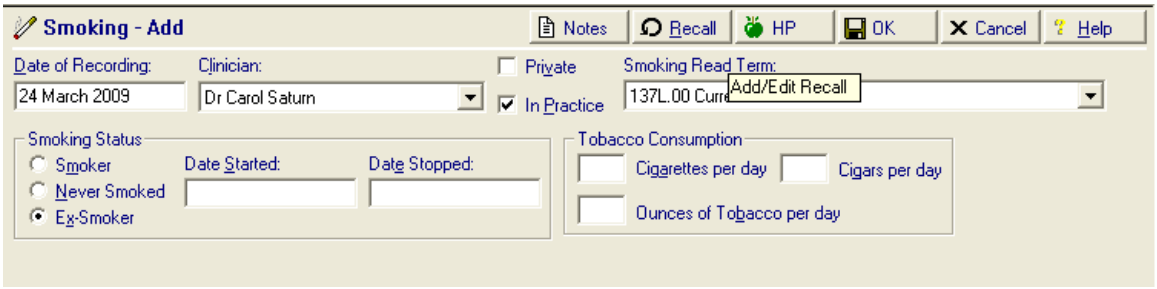
Health Promotion

Unless a specific Read code such as 6791 Health ed. - smoking is used, health promotion interventions will be coded as 6781 Health education offered, placed in the correct Vision area and with additional text:

Vision entity	Read code and term	Additional text
Health Promotion - Smoking	6791 Health ed. - smoking	For smoking
Health Promotion - Hypertension	6781 Health education offered	For Blood Pressure
Health Promotion - Overweight	6781 Health education offered	For Overweight

Smoking

From DLM 290, when you receive a **137L Current Non-Smoker** Read code via a GP2GP message, Vision now selects the ex-smoker smoking status on the Smoking SDA. This is also the case when adding the Read code manually in Consultation Manager.



BMI

Prior to DLM 290, any BMI data received in a GP2GP transfer was stored in Vision under the BMI SDA. From DLM 290, any BMI data received which also has weight data with the same date in the same consultation, will be combined within the Weight entity with no separate BMI entry recorded.

Disease Registers

There are no specific Read codes that Vision uses to signify that a patient has been placed on one of the chronic disease registers. Vision uses the diagnosis code, for example, H33 Asthma for the Asthma register. Patients on registers will have the text "Placed on register" on the diagnosis record.

Practices using CPRD and THIN Data collection

Practices need to realise that any imported free text will be include in the CPRD or THIN data collection unless you edit it to add the // to precede any free text. You should review any GP2GP records added to your system to see if you need to edit the free text. This is only applicable to data collection sites.

Audit Trail from previous practice

This is not transferred in the GP2GP transfer.

Data Quality

Data quality is of paramount importance. If the data from the previous practice is good, then the new practice will have the benefit, particularly, for example, with QOF data.

Palliative Care

The following Palliative Care codes are included in the GP2GP transfer message:

- #671 Palliative Care Plan (notes not included)
- #672 Palliative Care at Home (notes not included)
- #673 OOH Arrangements (Palliative Care) (notes not included)

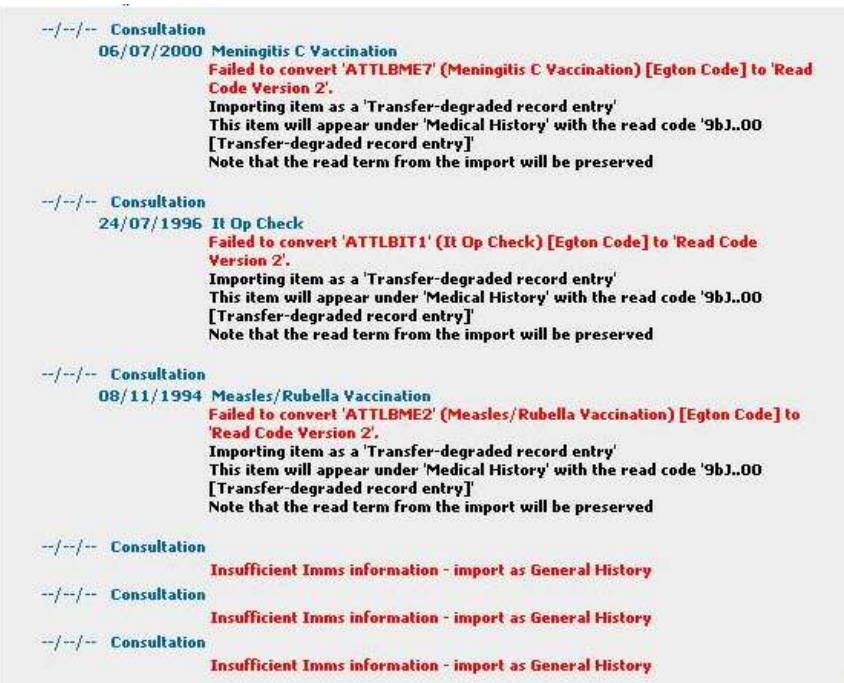
Med3

- eMED3 entries and notes are included in the GP2GP transfer.

Immunisations

Compound immunisations, such as Diphtheria/Tet/Pert/Polio/Haemophilus (DTaP/IVP/HiB), are held as separate records, for example, Diphtheria, Tetanus, Pertussis, Polio and Haemophilus.

Imported imms records that fail to covert will be put in Medical History.



Immunisation Data from EMIS practices

To accommodate for incoming immunisation data from EMIS practices, 10 immunisations codes used specifically by EMIS have been added to the Vision **Immunisation SDA** list and will be shown with the Immunisation icon against their record line . The new 10 codes are as follows:

- 65F6.00 4th hepatitis B vaccination
- 65F7.00 5th hepatitis B vaccination
- 65FM.00 6th hepatitis B vaccination
- 65FP.00 3rd hepatitis A junior vaccination
- 65H4.00 Booster diphtheria tetanus pertussis (DTaP) vaccination

- 65H5.00 First DTaP vaccination
- 65H6.00 Second DTaP vaccination
- 65H7.00 Third DTaP vaccination
- 657K.00 Booster pneumococcal vaccination
- 65FQ.00 Booster hepatitis A junior vaccination

Other immunisation Read codes, which are not found in the Vision Immunisations SDA, will be added to the patient record as **Medical History** entries with the icon . These are also presented in an Imported Immunisations Problem heading.

Figure 26: Imported Immunisations

Receive GP2GP request and send notes

The previous practice receive a request for the notes

If one of your ex-patients is registering with a new practice, there are two stages to the GP2GP process:

1. If you are GP2GP enabled and one of your patients registers elsewhere at a GP2GP enabled practice, you will receive an Incoming GP2GP request from the patient's "new" practice requesting the notes. This is addressed "FAO Practice Manager" and not to an actual member of staff.
2. The notes are sent automatically and electronically from your practice to the new practice. Note that the patient does not have to be transferred out, but permanently registered. A Deduction will follow in due course to transfer the patient out.

All this is handled within the Mail Manager module.

See: "*Setting up to receive GP2GP requests* (page 61)"

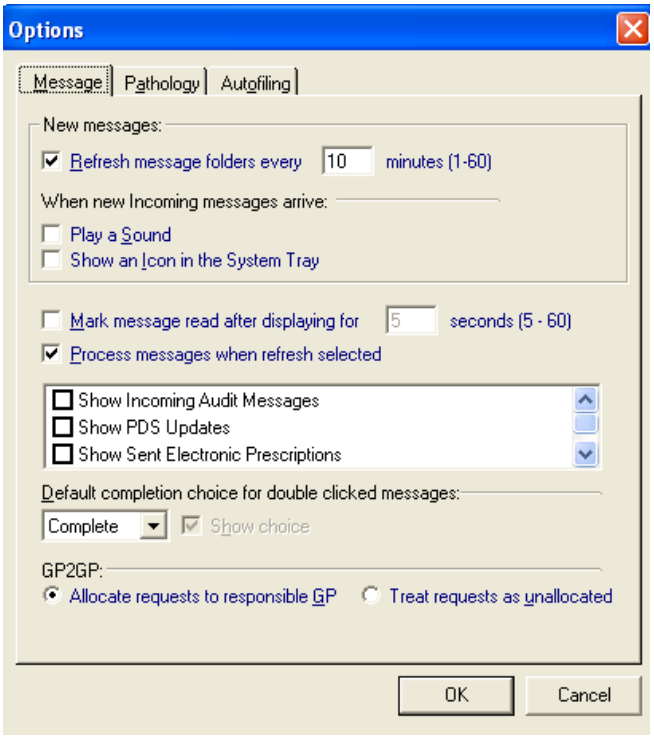
"*The request messages come into Mail Manager* (page 62)"

"*Setting up staff rights to view and action mail* (page 69)"

Setting up to receive GP2GP requests

Requests to responsible GP

In Mail Manager - Tools - Options under GP2GP, there are two choices - either **Allocate requests to responsible GP** or **Treat requests as unallocated**.



- **Allocate requests to responsible GP** - If this is checked, any GP2GP Record requests that are incoming will go into the mailbox of the patient's registered GP.
- **Treat requests as unallocated** - (This toggles with the above option). If checked, GP2GP messages come in unallocated and will need to be dealt with by a member of staff who has rights to view unallocated mail. Make sure the relevant admin staff have rights to view mail (see "*Setting up staff rights to view and action mail* (page 69)").

The request messages come into Mail Manager

In Incoming mail, the **Incoming GP2GP request** status changes from **Ready for Action** to **Notes Sent** fairly quickly; and on the Summary tab, it will say, "*This request has been fulfilled - see the audit trail for details*."

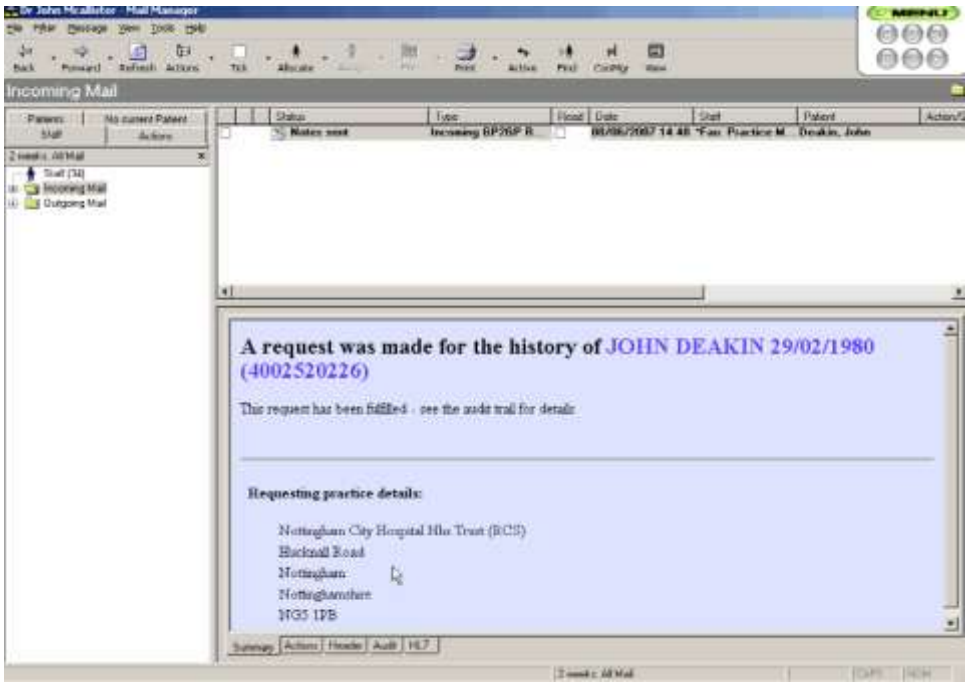


Figure 27: An incoming message Incoming GP2GP Request shows a status of Sent

Click on the **Audit** tab to see the status of **Notes Sent**.

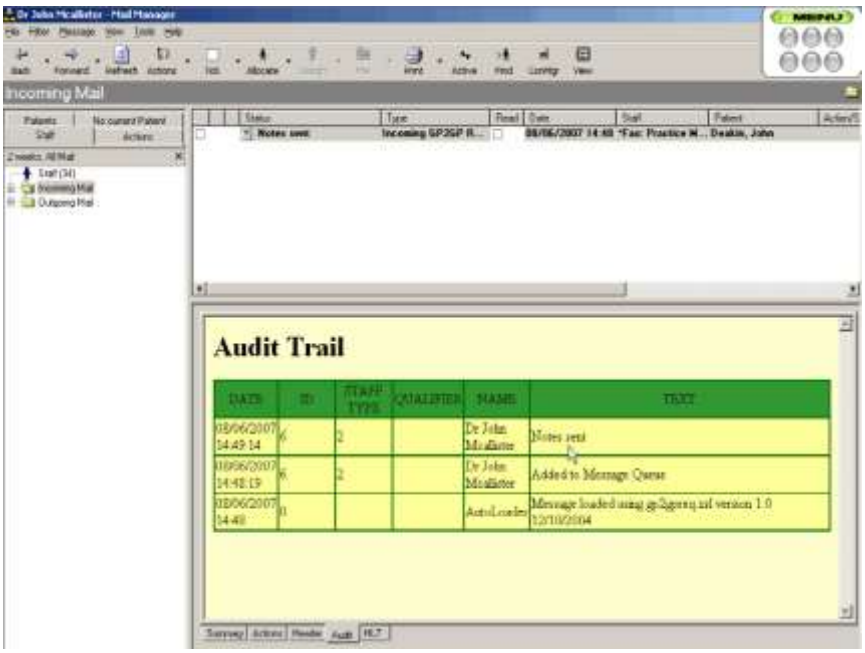


Figure 28: Audit Trail showing Notes Sent (Incoming GP2GP Request)

A Read coded record will appear on the Message, and on the Journal in the patient record in Consultation Manager: *Patient deregistration by transfer of GP to GP electronic record.*

In Outgoing Mail, there is a **GP2GP Record Transfer** message, initially with a status of **Available for Transmission** and after a while, **Sent**, to show GP2GP Response has been sent to the previous practice. It states the "Record is available and to be sent immediately". Note that Mail Manager must be open for this to happen.

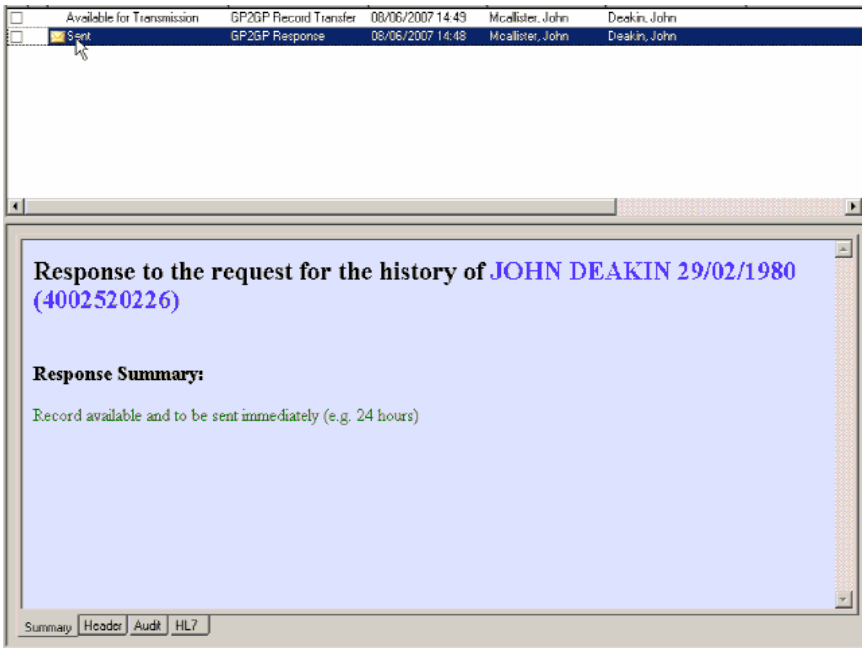
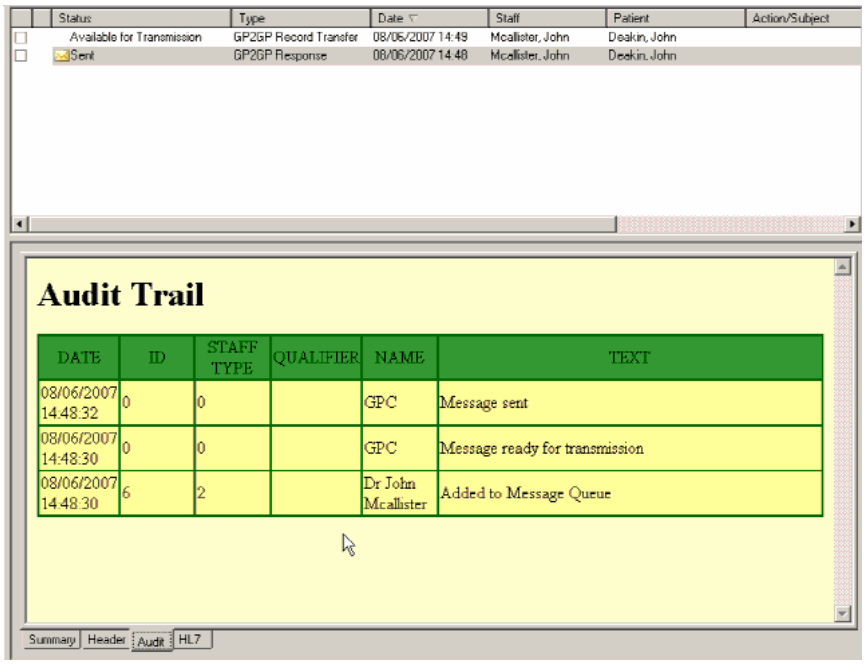


Figure 29: Outgoing GP2GP Record Transfer is Available for Transmission

The **Audit Trail** confirms this with *Message Sent*.



In Outgoing mail, the GP2GP Record Transfer has now been **Sent** and the content of the outgoing record may be seen on the Message tab.

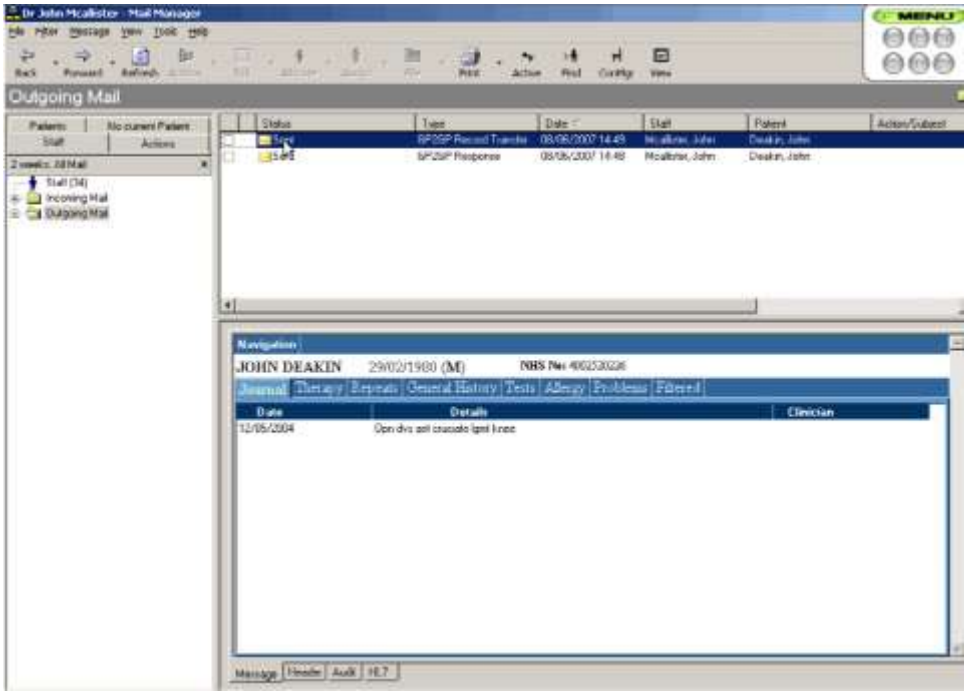


Figure 30: Once the GP2GP Record Transfer has been sent, the status changes to Sent.

You can view the audit trail on the Outgoing message **GP2GP Record Transfer** with **Sent**, and then **Complete**, to see the details.

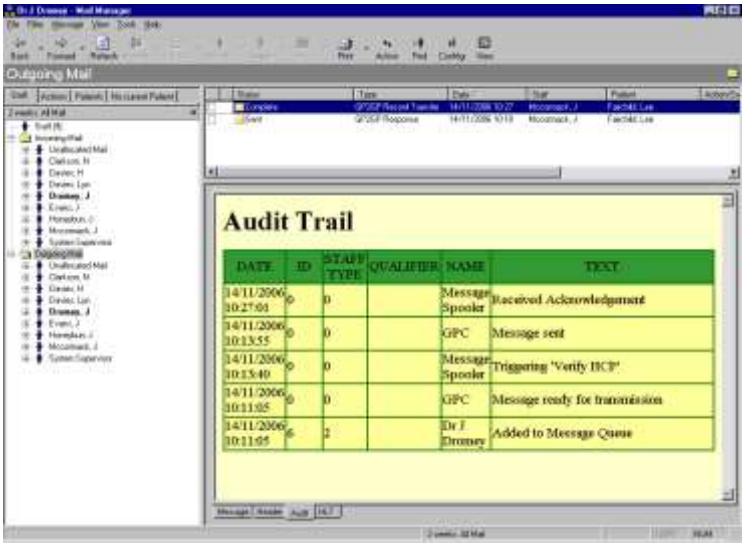


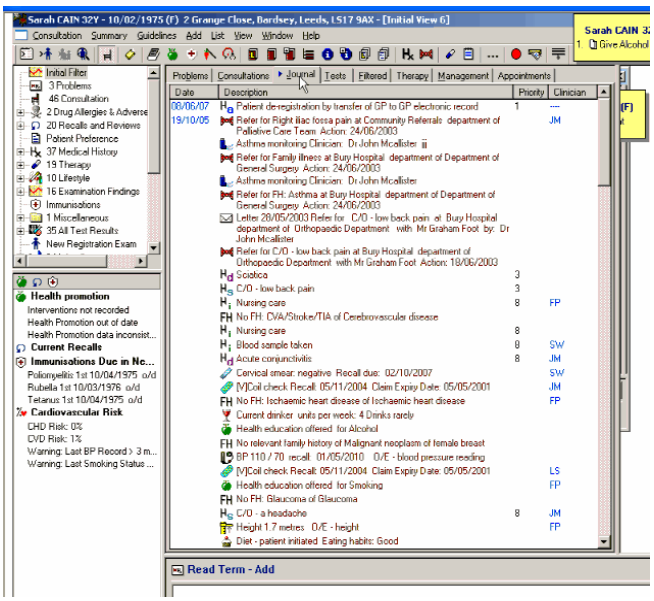
Figure 31: Outgoing GP2GP Record Transfer - Complete

See "*Summary of Mail Manager Messages - Previous practice receiving GP2GP Request* (page 68)".

Consultation Manager record

For patients whose records have transferred to a new practice, there will be a Journal entry of Read code 92 Patient de-registration. The patient's registration status remains as permanent until deducted in the usual way. You could add a manual reminder that the patient's records have been transferred.

The Read code of 92 allows you to do regular searches for patients whose records have been transferred recently ("*Search for patients with transferred records* (page 79)").



Unfiled Pathology may prevent record being sent

You may see a message following a GP2GP Request "*There are outstanding pathology results that must be filed before the history can be sent*".

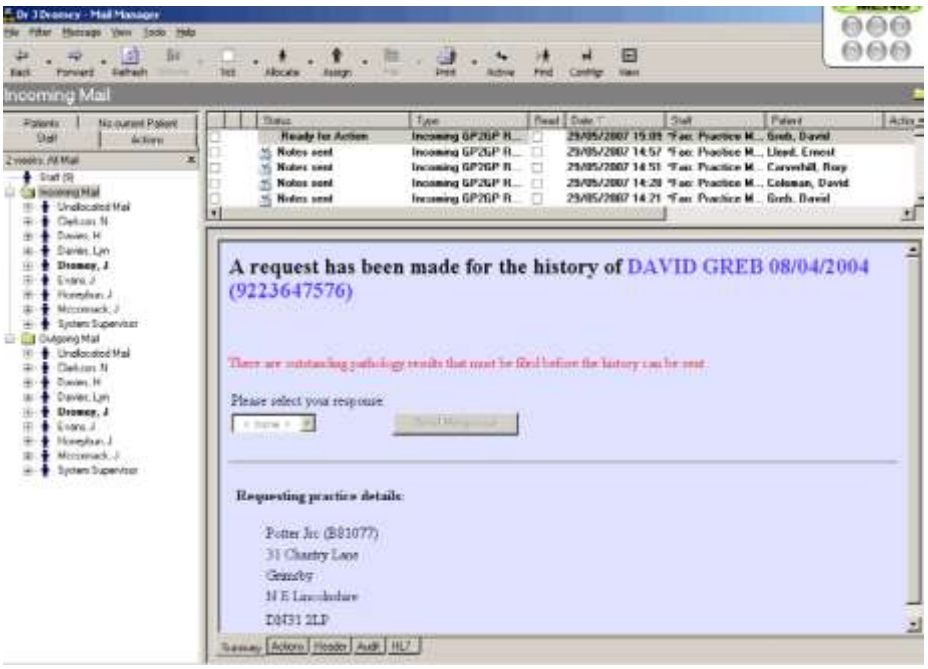
When the GP2GP request is received at the "old" practice, and if there is unfiled pathology, the system will try and autofile it (regardless of whether autofiling is switched on in Mail Manager - Tools - Options). Those that are filed are transferred and will appear as filed at the new practice. However, these pathology results will remain unactioned in Mail Manager.

> Note that the responsibility for actioning unfiled results still lies with the old practice. If any late pathology results come in after the transfer of records has taken place, it is the responsibility of the "old" practice to forward the result on to the "new" practice.

If the pathology cannot be filed automatically on transfer and is *greater* than a year old, the extract will be sent without the unfiled pathology results item, but will included the filed pathology.

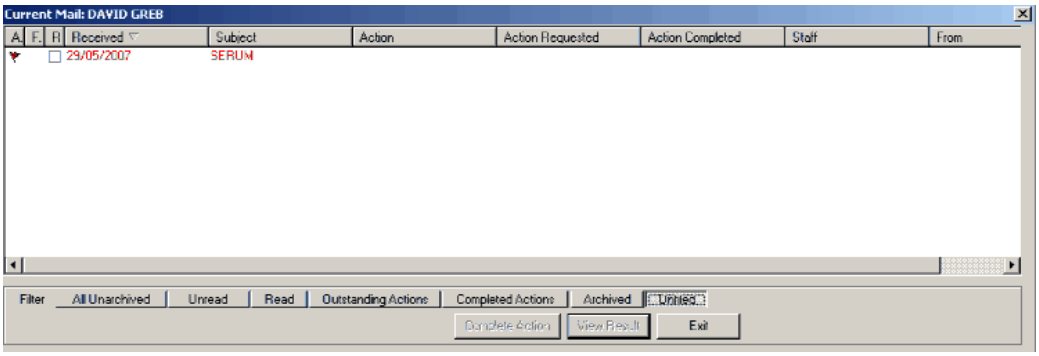
> This means that only filed pathology will ever be received by the requesting practice.

If the pathology cannot filed automatically on transfer and is *less* than a year old, the extract (ie the GP2GP Record Transfer) will not be sent from the "old" practice. Instead it will go into manual mode, ie the GP2GP Request will be in the Incoming folder as **Ready for Action** stating ""*There are outstanding pathology results that must be filed before the history can be sent*".

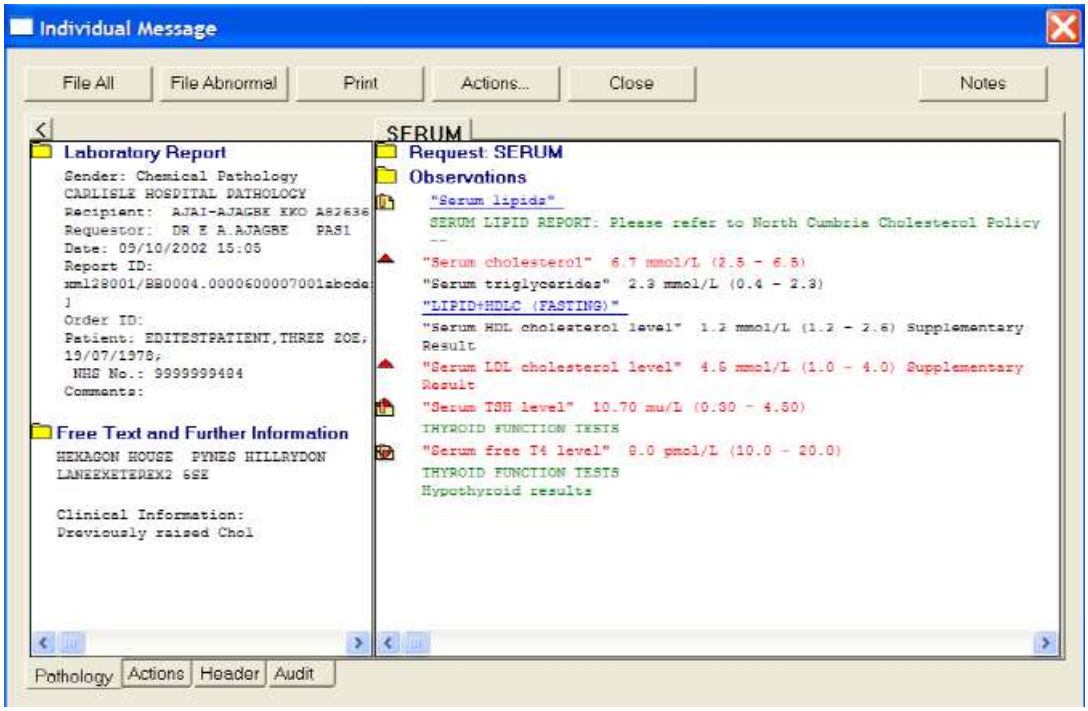


You must try and file the unfiled pathology.

1. In Consultation Manager, select the patient. Under **View Mail** for Patient , there is an Unfiled filter to list all unfiled pathology.



2. Select a result by clicking on it once to highlight it, then select **View Result**. This resembles the Message Details pane in Mail Manager, with result details in the right-hand pane. Note that as well as a Pathology tab, you can also view tabs for Actions, Header and Audit.



3. Results with a green tick have already been filed. For unfiled results, you could select:
   - **File All** to file all the result lines,
   - **File Abnormal** to file only the abnormal lines.

Summary of Mail Manager Messages - Previous practice receiving GP2GP Request

This is a summary of the Mail Manager messages that the patient's previous practice will see when they receive and act on a GP2GP Request, eventually sending the notes.

Action	Incoming Mail Manager messages	Outgoing Mail Manager messages
Practice receive GP2GP Request	**Incoming GP2GP Request** - status **Ready for Action** which almost immediately changes to	**GP2GP Response** - status **Sent** (ie acknowledgement of request sent)
Notes sent automatically and transmitted	**Incoming GP2GP Request ....** status **Notes sent** (the request has been fulfilled)	**GP2GP Record Transfer** - status **Awaiting Transmission** and then **Sent** (once the records have been sent). Once filed by new practice, an Acknowledgement is sent and the outgoing updates to **Complete**.

Transmission or Translation Errors and Attachments

If a status of **Transmission Error** occurs (Outgoing Mail - **GP2GP Record Transfer**), the audit trail can be viewed for reasons for any transmission errors. These might occur:

- if there are too many attachments (maximum 99) (the audit trail will display a message such as "*The service does not support the number of attachments*")
- or the message is too big (totalling no more than 5 mB) (the audit trail will show a message such as "*The message received exceeded the maximum message size*").

In either case, you cannot reprocess the message even if you edit the patient record, as there will still be too many attachments or the message will still be too big.

However, for other transmission errors, it is worth trying to send again by right clicking on the GP2GP Record Transfer and selecting **Reprocess**.

> **If you are sending attachments in a GP2GP transfer, you need to make sure that any attachment documents are as compact as possible.** In particular, Word processing documents have the potential to be very large, especially if they incorporate images or pictures in the header or background. For instance, a letter headed image may be 100 times greater than the same letter without an image. **You are strongly advised to consider removing any embedded images in any word processor generated letters that are attached to the core clinical records.** If at all possible, attached WP documents should be text only.
>
> **Note** that not all formats are supported in attachments. These will be replaced by text "placeholders" in the new practice's record. For a list of valid formats, see "*Attachments* (page 48)".

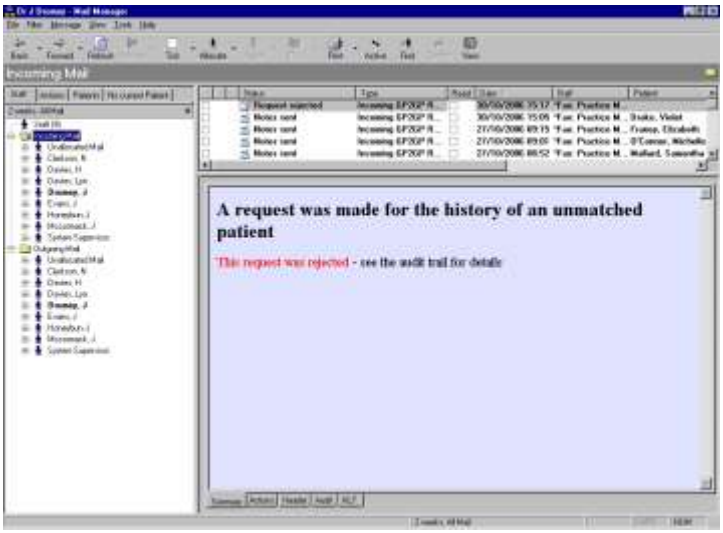


Figure 32: A GP2GP Request has been made but the patient is not registered at the practice

Setting up staff rights to view and action mail

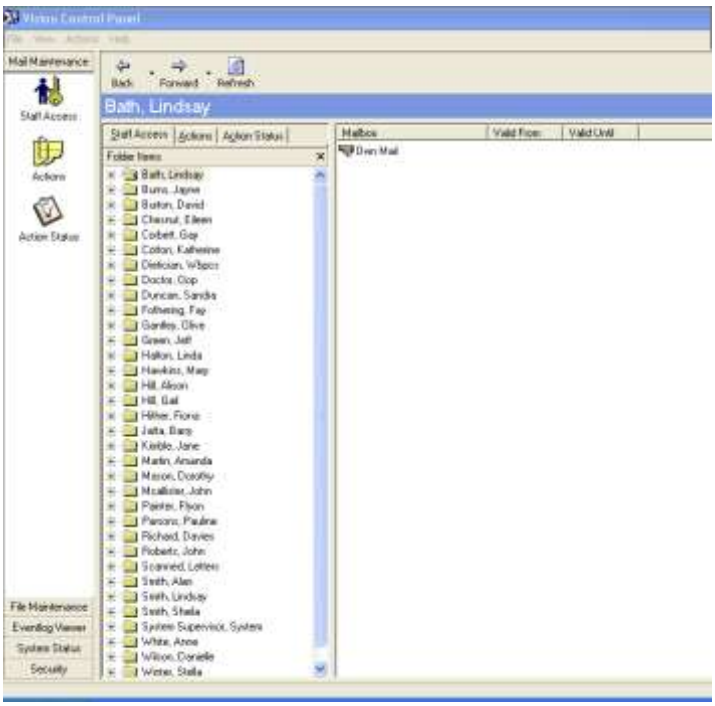
You should set up at least one member of staff who has rights to view and action each GP's mail, and a member of staff must also have the right to deal with any **unallocated** mail.

GP2GP Request messages come in to Mail Manager under Staff marked *For the attention of (FAO) the Practice Manager*.

Within Mail Manager, you can decide in Tools - Options, on the Message tab, which mailbox the GP2GP messages will go to. The choice is either the mailbox of the patient's registered GP, or to leave the GP2GP message unallocated so they can be dealt with by an admin staff who has rights to see unallocated mail.

Rights to view mail

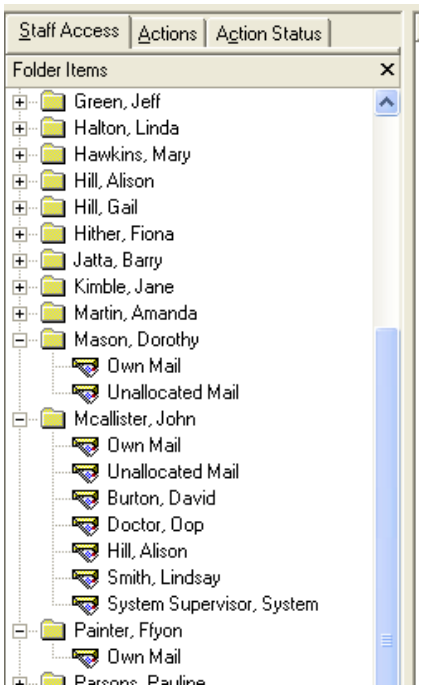
The **Staff Access** tab on **Mail Maintenance** in **Control Panel** allows viewing and maintenance of staff access rights, i.e. the mail that each active member of staff has access to view.



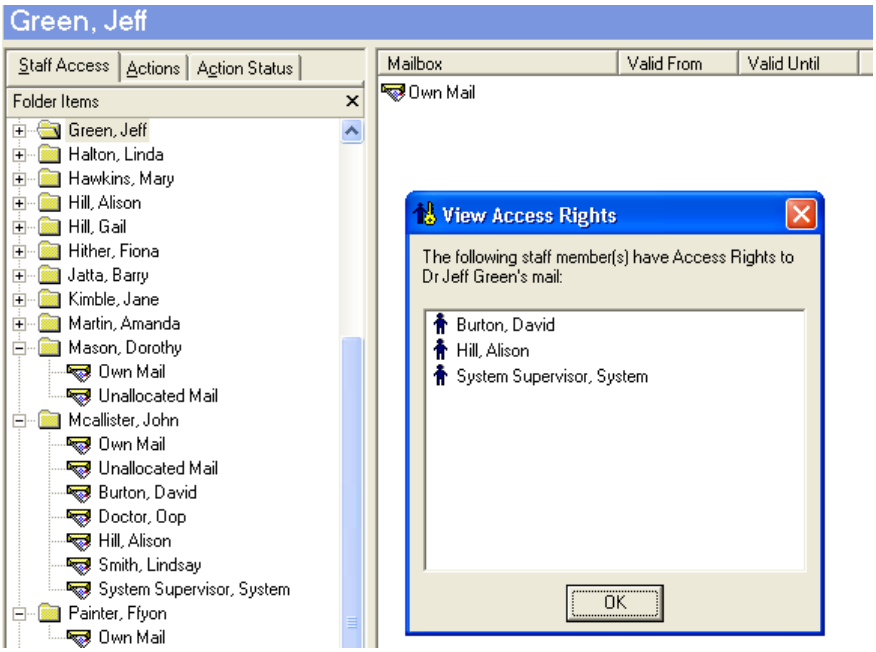
Every individual has rights to view their own messages - **Own Mail**. In addition they may be granted rights to view unallocated mail and mail assigned to other staff members. For example, two members of staff Dr A and Dr B:

- Dr B has no rights to view mail other than his own
- Dr A has rights to view his own mail, unallocated mail, and Dr B's mail.

Or in another example, Dr A instead could be granted rights only to deal with Dr B's mail for the duration of his holiday.



If you right click on a staff name, and select **View Access to this Staff**, this lists the staff members who have Access Rights to the mail of the name on which you right clicked.



Set up rights to see all mail for all users

It is possible on Mail Maintenance for a user to see all messages for all users.

1. Go to **Mail Maintenance**, and select the **Staff Access** tab.
2. Right click on the user to be allowed rights to everyone's messages.
3. Select **Add All**.

4. Answer Yes to *Add ALL staff access rights to [your name].*

If you want to remove the rights, right click on the user again and select **Remove All**.

Add Access Rights to Unallocated mail

> **NOTE It is most important that at least one member of staff or GP, and preferably two (probably including SYS), should have access to unallocated mail. Unallocated mail is not matched to a recipient in the practice, and will need to be manually allocated to a GP or nurse as appropriate.**

1. Select the **Staff Access** tab in **Mail Maintenance, Control Panel**.
2. Right click on the name of the staff member who is being given access rights to Unallocated Mail, eg Dr Alison Hill, and select **Add**.
3. On the **Access Rights - Add** screen, select **Unallocated Mail** from the very bottom of the list.
4. Click OK.

Add Access Rights to another user's mail

In this example, Dr Alison Hill is going to be allowed rights to Dr Alan Smith's mail.

1. Select the **Staff Access** tab in **Mail Maintenance, Control Panel**.
2. Right click on the name of the staff member who is being given access rights to another person's mail, eg Dr Alison Hill, and select **Add**.
3. On the **Access Rights - Add** screen, select the person from the picklist to which the staff member is allowed access, eg Dr Alan Smith. You cannot multi-select. The picklist has all the staff members that the user does not currently have rights to view. At the bottom of the picklist is also the option **Unallocated Mail** (this is mail which has not been allocated to a staff member).

4. The **Access valid from** date defaults to today and the **Valid until** is blank. If the staff member is allowed rights from now on for an undefined time, leave these as they are and just press OK. If there is a limited period, such as a holiday, that the staff member is allowed rights, enter the start and finish dates here in **Access valid from** and the **Valid until**.

5. Click OK.
6. Repeat steps 2-5 for any other staff members, or Unallocated Mail.

Note that you can hide the display of inactive staff (for example, doctors who have left and been removed) in your mailbox in Mail Manager if you untick the option View Inactive Staff. If you find that inactive users are still being displayed in your mailbox in Mail Manager but greyed out when the View Inactive Staff filter is ticked in Mail Manager, then you have in the past set up access to their mailbox. Go to **Mail Maintenance - Staff Access** and under your name, right click on the relevant staff member and select Remove.

Archiving Messages from Mail Manager

Archive by filter, archiving from live database or remove from hard disk

Depending on how many messages you are receiving in Mail Manager, you will need eventually to adopt an archiving strategy to declutter your screen. We advise that in the early days of GP2GP, you should archive at least once a week and as time goes on, possibly daily.

Not all GP2GP files can be archived and some can never be archived. Some need to be older than 30 days and some older than 1 week. Others are archived immediately. We suggest that when you are archiving, you select all GP2GP message types to be archived and the system will work out which ones are valid to archive (see "*Which messages can be archived* (page 73)").

Messages can be removed from the live database using **File - Archive** or by right clicking on a message and selecting **Archiving**. By using **View - Archive View**, archived messages may be retrieved at any time (see "*How to archive* (page 75)").

Which messages can be archived

In essence, any GP2GP message that is completed, or record that has been filed, can be archived after a period of time. Incomplete or unfiled messages cannot be archived. The following is a list of GP2GP messages. These have been grouped by the type and status of the message and the age of the message: there are those that can never be archived, those that can be archived after 30 days, those that can be archived after one week, and those that can be archived immediately.

1. The following GP2GP messages are NEVER archived and should be dealt with:

Direction	Document Description	Filing Status in Mail Manager	Message type	Archive
Incoming	Incoming GP2GP Request	Ready for Action	GP2GP Request	**Never**
Incoming	Incoming	Acknowledged -	GP2GP Request	**Never**

	GP2GP Request	notes not yet sent		
Outgoing	GP2GP Request	Acknowledged with caveats	GP2GP Request	**Never**
Outgoing	GP2GP Request	Acknowledged	GP2GP Request	**Never**
Outgoing	GP2GP Request	Sent awaiting acknowledgement	GP2GP Request	**Never**
Incoming	Record Transfer	Available for filing	GP2GP Patient Notes	**Never**
Outgoing	GP2GP Record Transfer	Held in Queue	GP2GP Patient Notes	**Never**
Outgoing	GP2GP Record Transfer	Available for Transmission	GP2GP Patient Notes	**Never**
Outgoing	GP2GP Record Transfer	Batched	GP2GP Patient Notes	**Never**

2. These GP2GP messages can be archived after they are 30 days old:

Direction	Document Description	Filing Status in Mail Manager	Archive if older than 30 days	Message Type
Incoming	Incoming GP2GP Request	Withdrawn	**30 days**	GP2GP Request
Incoming	Incoming GP2GP Request	Cancelled/Superseded	**30 days**	GP2GP Request
Outgoing	GP2GP Request	Withdrawn	**30 days**	GP2GP Request
Outgoing	GP2GP Request	Processing error	**30 days**	GP2GP Request
Outgoing	GP2GP Request	Transmission error	**30 days**	GP2GP Request
Incoming	Record Transfer	Withdrawn	**30 days**	GP2GP Patient Notes
Incoming	Record Transfer	Cancelled/Superseded	**30 days**	GP2GP Patient Notes
Outgoing	GP2GP Record Transfer	Processing error	**30 days**	GP2GP Patient Notes
Outgoing	GP2GP Record Transfer	Transmission error	**30 days**	GP2GP Patient Notes
Outgoing	GP2GP Response	Processing error	**30 days**	GP2GP Request Acknowledgement
Outgoing	GP2GP Response	Transmission error	**30 days**	GP2GP Request Acknowledgement
Outgoing	PDS General Update	Sent awaiting acknowledgement	**30 days**	PDS Update

3 These GP2GP messages can be archived after one week or immediately

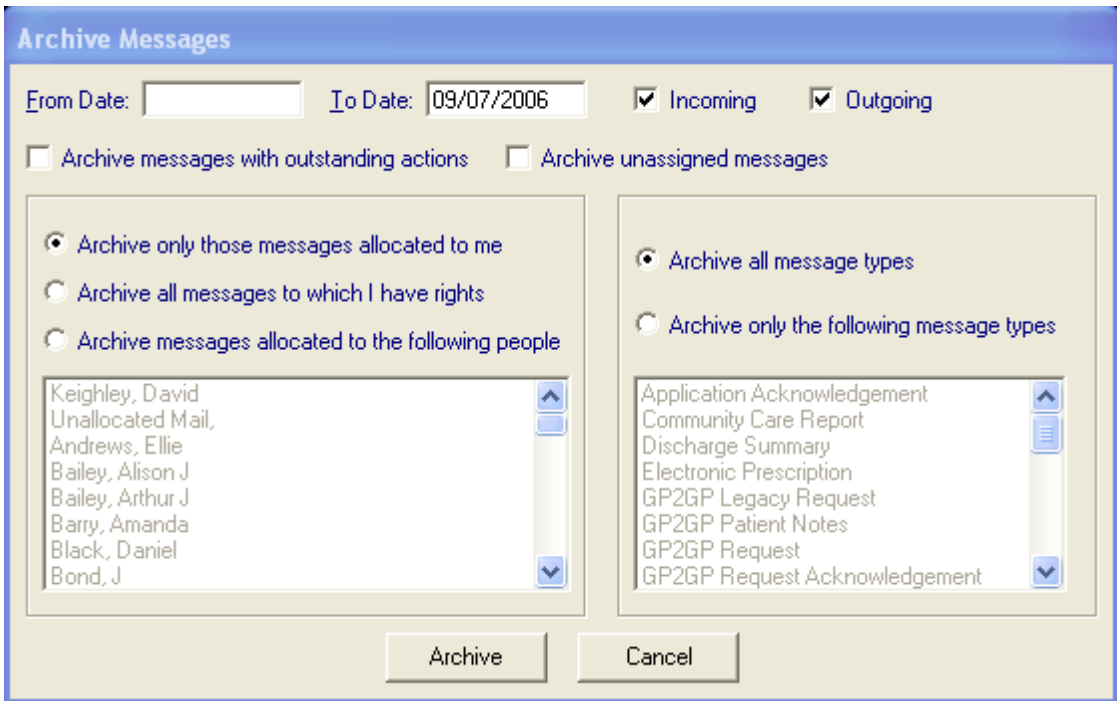
Direction	Document Description	Filing Status in Mail Manager	Archive if older 1week	Doc Type
Incoming	GP2GP Request	Notes sent	Immed	GP2GP Request
Incoming	Incoming GP2GP Request	Request rejected	1 week	GP2GP Request
Outgoing	GP2GP Request	Rejected	1 week	GP2GP Request
Outgoing	GP2GP Request	Complete	Immed	GP2GP Request
Incoming	Record Transfer	Filed	Immed	GP2GP Patient Notes
Outgoing	GP2GP Record Transfer	Sent	1 week	GP2GP Patient Notes
Outgoing	GP2GP Record Transfer	Complete	1 week	GP2GP Patient Notes
Incoming	GP2GP Response	Ready for Action	Immed	GP2GP Request Acknowledgement
Outgoing	GP2GP Response	Sent	Immed	GP2GP Request Acknowledgement
Outgoing	PDS General Update	Complete	Immed	PDS Update
Outgoing	PDS General Update	Rejected	1 week	PDS Update

How to archive

We suggest you archive GP2GP messages at least once a week to begin with. As time goes on, a daily archive may be necessary.

1. In **Mail Manager**, select **File - Archive**.
2. Select the criteria for archiving:
   - **From Date / To Date** - You can select the date from which archiving should start and the range it covers. Note that the To Date defaults to one month ago. See "*Which messages can be archived* (page 73)".
   - **Incoming** - By default, both incoming and outgoing messages will be archived. Unchecking the Incoming box prevents incoming messages from being archived. We suggest you leave this checked.
   - **Outgoing** - By default, this box is checked. Unchecking the Outgoing box prevents Outgoing messages from being archived. We suggest you leave this checked.

- **Archive messages with outstanding actions** - Not relevant for GP2GP as you cannot attach actions to these messages.
- **Archive unassigned messages** - By default, a message will not be archived unless it has been assigned to a patient. By default the box is unchecked. If checked, unassigned messages will be archived as well as assigned messages.



- **Archive only those messages allocated to me** - By default, only those messages allocated to the currently logged on user will be archived.
- **Archive all messages to which I have rights** - Checking this will allow all messages to which the user has rights (those appearing on the Staff tab) to be archived.
- **Archive messages allocated to the following people** - If this is checked, then the multi-select listbox below is enabled. You must select at least one entry from this list. The list is mailboxes that you have rights to view.
- **Archive only the following message types**: If this is checked, then you can select from the list, and at least one entry must be selected. Use Control-click to make multiple selections.
  - We suggest you tick **GP2GP Request, GP2GP Patient Notes** and **PDS Updates** and let the system decide whether each message is valid for archiving.
  - You can also tick **Record Transfer, Record Transfer Acknowledgement, Record Transfer Rejection, Record Transfer Request, Record Transfer Request Rejection**.
  - You may want to leave **GP2GP Request Acknowledgement** unchecked so that you can follow up on these later.
  - Ignore GP2GP Legacy Request which is not currently being used.
  - See "*Which messages can be archived* (page 73)".
  - **GP2GP Request** - includes the following message types and status:

Message Type	Status	Archive?
Incoming GP2GP Request	Ready for Action	can never be archived
Incoming GP2GP Request	Acknowledged notes not yet sent	can never be archived
Outgoing GP2GP Request	Acknowledged with caveats)	can never be archived
Outgoing GP2GP Request	Acknowledged)	can never be archived
Outgoing GP2GP Request	Sent awaiting acknowledgement	can never be archived
Incoming GP2GP Request)	Withdrawn	can be archived after 30 days
Incoming GP2GP Request	Cancelled/Superseded	can be archived after 30 days
Outgoing GP2GP Request	Withdrawn	can be archived after 30 days
Outgoing GP2GP Request	Processing error	can be archived after 30 days
Outgoing GP2GP Request	Transmission error	can be archived after 30 days
Incoming GP2GP Request	Notes sent	can be archived when older than 1 week
Incoming GP2GP Request	Request rejected	can be archived when older than 1 week
Outgoing GP2GP Request)	Rejected	can be archived when older than 1 week
Outgoing GP2GP Request	Complete	can be archived when older than 1 week

- **GP2GP Patient Notes** - includes the following:

Message Type	Status	Archive?
Incoming Record Transfer	Available for filing	Can never be archived
Outgoing GP2GP Record Transfer	Held in Queue	Can never be archived
Outgoing GP2GP Record Transfer	Available for Transmission	Can never be archived
Outgoing GP2GP Record Transfer	Batched	Can never be archived
Incoming Record Transfer	Withdrawn	older than 30

		days
Incoming Record Transfer	Cancelled/Superseded	older than 30 days
Outgoing GP2GP Record Transfer	Processing error	older than 30 days
Outgoing GP2GP Record Transfer	Transmission error	older than 30 days
Incoming Record Transfer	Filed	Archived immediately
Outgoing GP2GP Record Transfer	Sent	Older than 1 week
Outgoing GP2GP Record Transfer	Complete	Older than 1 week

- **G2GP Request Acknowledgement** - includes the following:

Message Type	Status	Archive?
Outgoing GP2GP Response	Processing error	Older than 30 days
Outgoing GP2GP Response	Transmission error	Older than 30 days
Incoming GP2GP Response	Ready for Action	Archived immediately
Outgoing GP2GP Response	Sent	Archived immediately

- **PDS Update**

Message Type	Status	Archived?
Outgoing PDS General Update	Complete	Archived immediately
Outgoing PDS General Update	Rejected	Older than 1 week

3. Click **Archive** to start the archiving process.

Retrieve from Archive

Remember you can always retrieve messages from archive using **View - Archive View**. You will be prompted for From Date and To Date. You can either enter a date range; or leave From Date blank for dates prior to (and including) the To Date, and leave To Date blank for dates after the From Date. The status bar at the bottom of the screen repeats the dates chosen and shows Archive View.

To turn the archive view off, reselect **View - Archive View** again.

Search for patients with transferred records

New registrations whose records have transferred with GP2GP will have a Read code of 91 Patient registration in their Consultation Manager Journal. Those that have deregistered with their records being transferred to a new practice will have a record of 92 Patient de-registered.

This allows you to do regular reports of all new registrations. Such a list might be useful for a GP who is summarising the records.

1. Go into **Search & Reports**.
2. Select a new Adhoc search .
3. Select Add Entity and select **All Other Clinical Data** folder and within this select **All other Clinical Data**.
4. Click to highlight **All other Clinical Data** and click on the **Selections** button.
5. Select **Date of Event** and **Add New**.
6. Select **After** and type in **T-1m** and tick **Inclusive**.
7. Then select **Read Code** and **Add New**.
8. Type in **91** and press Enter. This should select 91...00 Patient registration. Leave Hierarchical search unchecked as you do not want to search all 91 codes.

   Note You could use a similar search to find patients whose notes have been requested and sent to a new practice, by using 92 Patient de-registration

9. Click OK.
10. Make your selection for the **Report output**, and enter a name for **Group output**.
11. Click on **Run**.

In time, you may want to regularly include this report in a monthly batch of reports.

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